

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO**

**THE UNITED STATES OF AMERICA**

Plaintiff,

v.

CIVIL ACTION NO. 94-2080 CC

**COMMONWEALTH OF PUERTO RICO**

Defendants,

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**INFORMATIVE MOTION TO FILE THE MONITOR'S QUARTERLY REPORT**

TO THE HONORABLE COURT:

Today, the Monitor submits the Monitor's First Quarter Report for 2017. The report covers the months of January, February and March 2017. This report consists of an introductory statement by the Monitor, along with the compliance ratings tables and special reports by the Monitor's consultants.

**WHEREFORE**, the Monitor respectfully requests that this Honorable Court grant this motion and accept the attached report.

**Respectfully Submitted,**

*s/ F. Warren Benton*

**F. Warren Benton**

Monitor, United States v. Commonwealth of Puerto Rico  
Calle Mayaguez # 212,  
Esquina Nueva,  
San Juan, PR 00917

**Certificate of Service**

I HEREBY CERTIFY that this 29th day of May 2017, I electronically filed the forgoing with the Clerk of the Court using the CM/ECF system, which will simultaneously serve notice of such filing to counsel of record to their registered electronic mail addresses.

Respectfully Submitted,

*s/ F. Warren Benton*

F. Warren Benton

Monitor

Office of the Monitor, U.S. v. Commonwealth of Puerto Rico

USACPR Monitoring Inc.

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## Monitor's Quarterly Report First Quarter 2017

United States v. Commonwealth of Puerto Rico, Civil No. 94-2080 (CCC)

The following is the Monitor's First Quarter Report for 2017. The report is in two parts – a narrative overview, along with a set of tables classifying the status of compliance with each provision. The report covers the months of January, February and March 2017.

The narrative supplements the tables, describing recent events and accomplishments, reviews the results of some of the on-site monitoring tours, and examining particular compliance problems and pending issues. The narrative section does not comment on every category of provisions in every quarterly report.

|                        |  |
|------------------------|--|
| Document Attachment A: | Consultant Report on Staffing Compliance             |
| Document Attachment B: | Consultant Report on Classification                  |
| Document Attachment C: | Report on Incidents and Understaffing                |
| Document Attachment D: | Transitional Measures and Protective Custody Reviews |
| Document Attachment E: | Abuse Referrals Tracking Statistics                  |
| Document Attachment F: | Case Assessment Table to Paragraph 78                |
| Document Attachment G: | Consultant Report on Mental Health                   |
| Document Attachment H: | Consultant Report in Facilities                      |
| Document Attachment I: | Chronology of Site Visits                            |

Attachment One: Table of Compliance Ratings

Mental Health contracts for all Psychologists, Psychiatrists and Substance Abuse Counselors were terminated effective March 31, 2017, to be replaced by a single new contract. The Mental Health Monitor, Dr. Martinez has communicated with DCR leadership to inquire about the abrupt changes. A series of questions were posed to DCR which included questions about the decision to contract out with a company, questions about a transition plan and questions about the safety of youth. It was confirmed that the decision had been made to contract for delivery of mental health services through a single contractor rather than with multiple contracts to individual providers, including psychiatric services. Dr. Martinez also requested information regarding the company, training of staff to be hired, hours of psychology and psychiatric coverage, provisions of the contracts to assure compliance with Settlement Agreement requirements, and other questions related to the health and well-being of the youth.

The report of Dr. Martinez is Attachment G to this report.

Many of the compliance ratings for Mental Health services have been downgraded because policy, staffing, training and documentation are uncertain with respect to the new staff and the new provider. While the Commonwealth is permitted under the Settlement Agreement to provide services using a contractor, the operational compliance status, based on services provided based on the new contract, must be re-assessed.

Respectfully Submitted,



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F. Warren Benton, Ph.D.  
Monitor

## Document Attachment A: Consultant Robert Dugan Reports on Staffing

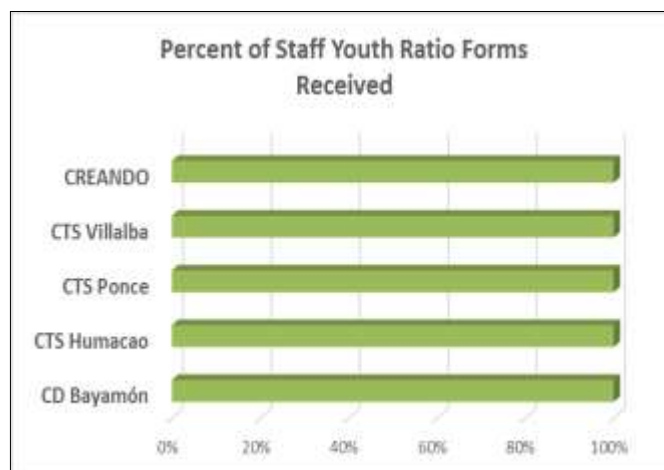
### **S.A. 48: DCR Staff Youth Ratio 2017 First Quarter Report**

Prepared by Bob Dugan: Office of the Monitor

#### **Background:**

S.A. 48 Staff Youth Ratio monitoring compliance is analyzed on a quarterly basis using DCR facility generated weekly staff youth ratio forms. These forms are submitted to the Monitor's Consultant throughout the reporting quarter. DCR facilities daily shift by shift staffing and youth population for each operational housing module is reported, as well as any 1:1 supervision events, and the volume of staff that are required to work a double shift. The report provides information from Staff Youth Ratio forms that were provided to the Monitor's Consultant for the period of January 1, 2017 through April 1, 2017. As of the Friday, April 14, 2017, the following forms were submitted:

| Facilities    | Volume of Weeks of Staff Youth Ratio Forms Requested | Volume of Staff Youth Ratio Forms Received |
|---------------|--|--|
| CD Bayamón    | 13   | 13   |
| CTS Ponce     | 13   | 13   |
| CTS Humacao   | 13   | 13   |
| CTS Villalba  | 13   | 13   |
| CREANDO       | 13   | 13   |
| <b>Totals</b> | <b>65</b>  | <b>65</b>                                  |

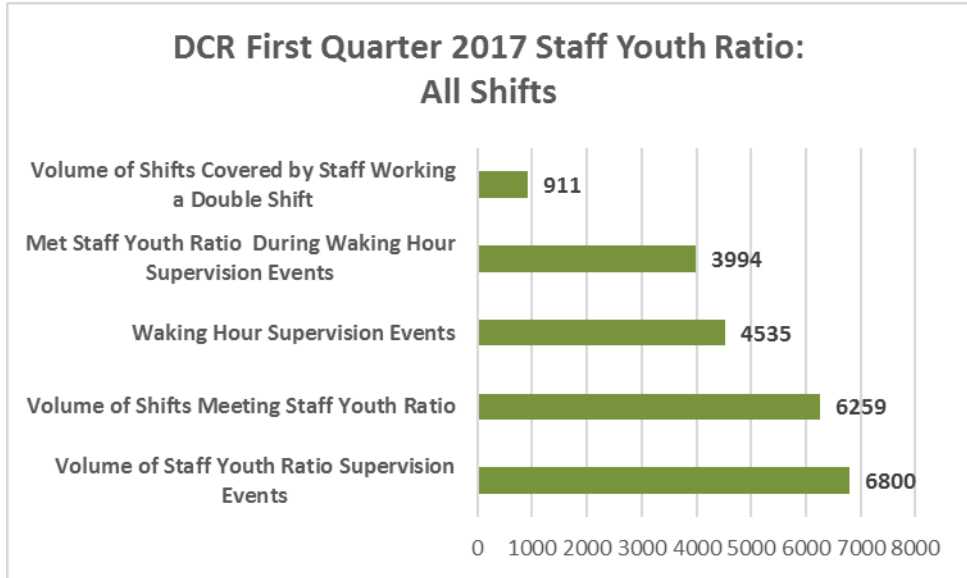


DCR submitted a total of 65 facility staff youth ratio forms for the five facilities requiring staff youth ratios, allowing for 100% of the staff youth ratio forms being available for analysis. DCR has consistently provided all requested Staff Youth Ratio forms used for monitoring and reporting. The table displaying the dates that staff youth ratio forms were received is on page 13 of this report.

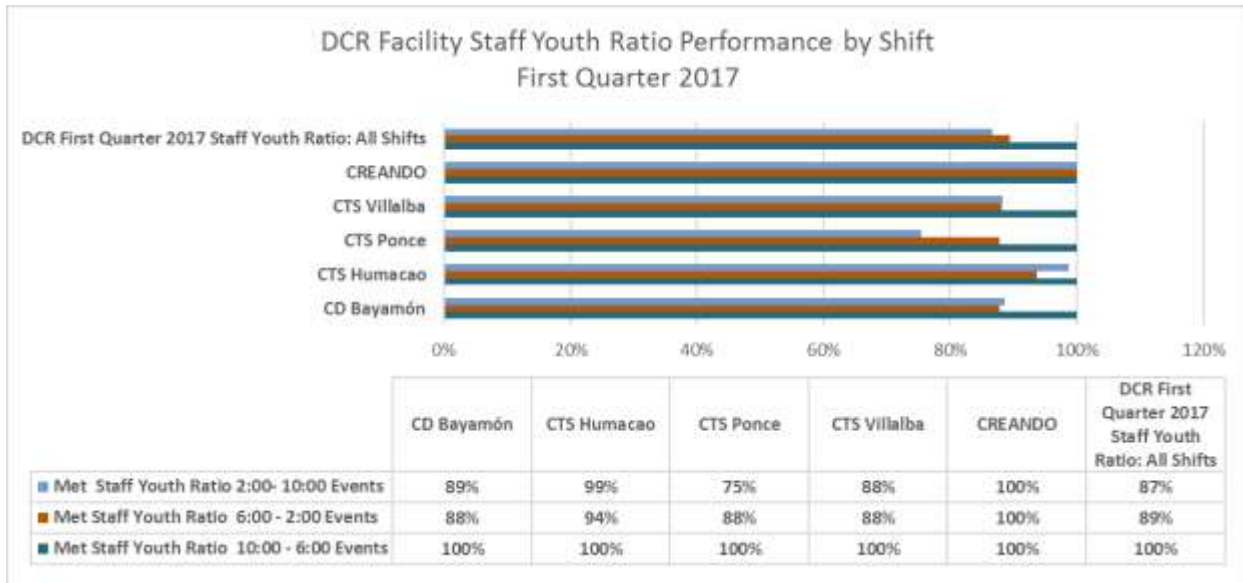
**DCR Staff Youth Ratio Performance:**

During the 2017 First Quarter reporting period (January 1 through April 1, 2017), DCR documented a total of 6800 shift / unit events that required staff to youth supervision. This is a decrease of 572 staff youth supervision events from the Fourth Quarter of 2016 (7372 events). Of the 6800 shift / unit events, 6259 of the events (92%) were supervised with the required staff youth ratios, a 3% increase from the 89% of events supervised with the required staff youth ratios from the Fourth Quarter of 2016.

Of the 6259 staffing events meeting the required staff youth ratio, 2265 (36%) of the staffing events occurred on the 10:00 PM – 6:00 AM shift.

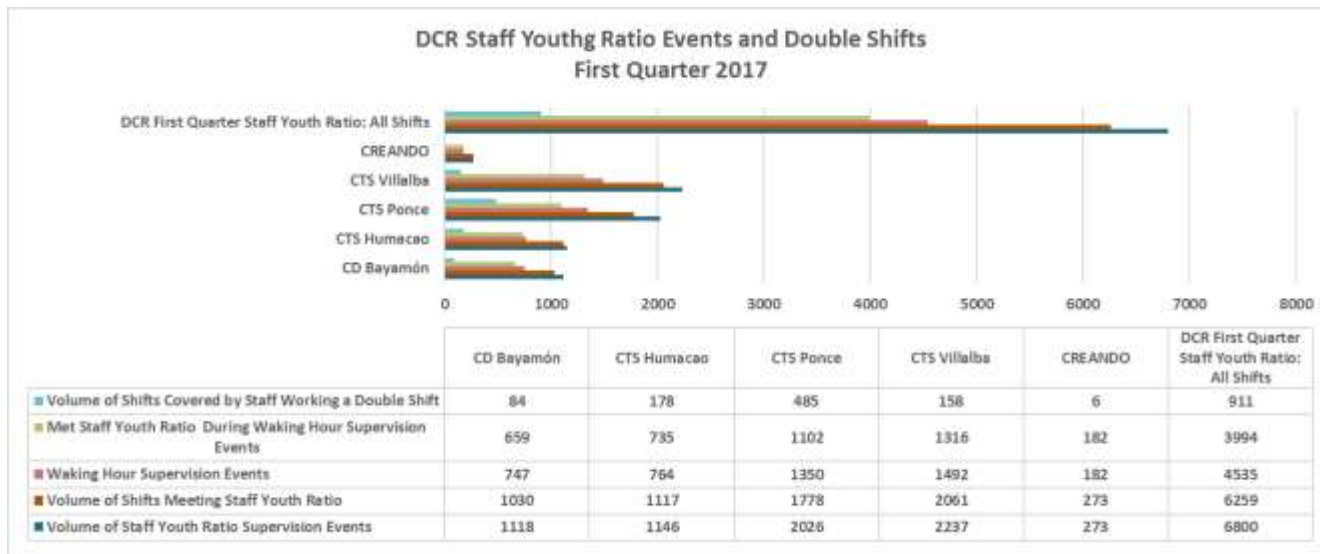


The chart and table below represents staff youth ratio performance by shift for the period January 1 through April 1, 2017.



**Staffing Requiring Double Shifts:**

For the 2017 First Quarter, 911 (13%) of the 6800 staff youth ratio events were covered by staff working a double shift. This is the same percentage of shifts requiring staff to work a double shift as the Fourth Quarter 2016 reporting period.



The table below provides data relating to staff youth ratio events during waking hours for the First Quarter of 2017. The First Quarter waking hour staff youth ratio of 88% is 4% higher than the prior quarter (84%). Although a relatively small increase from the Fourth Quarter, this continues a positive trend in reported staffing practices.

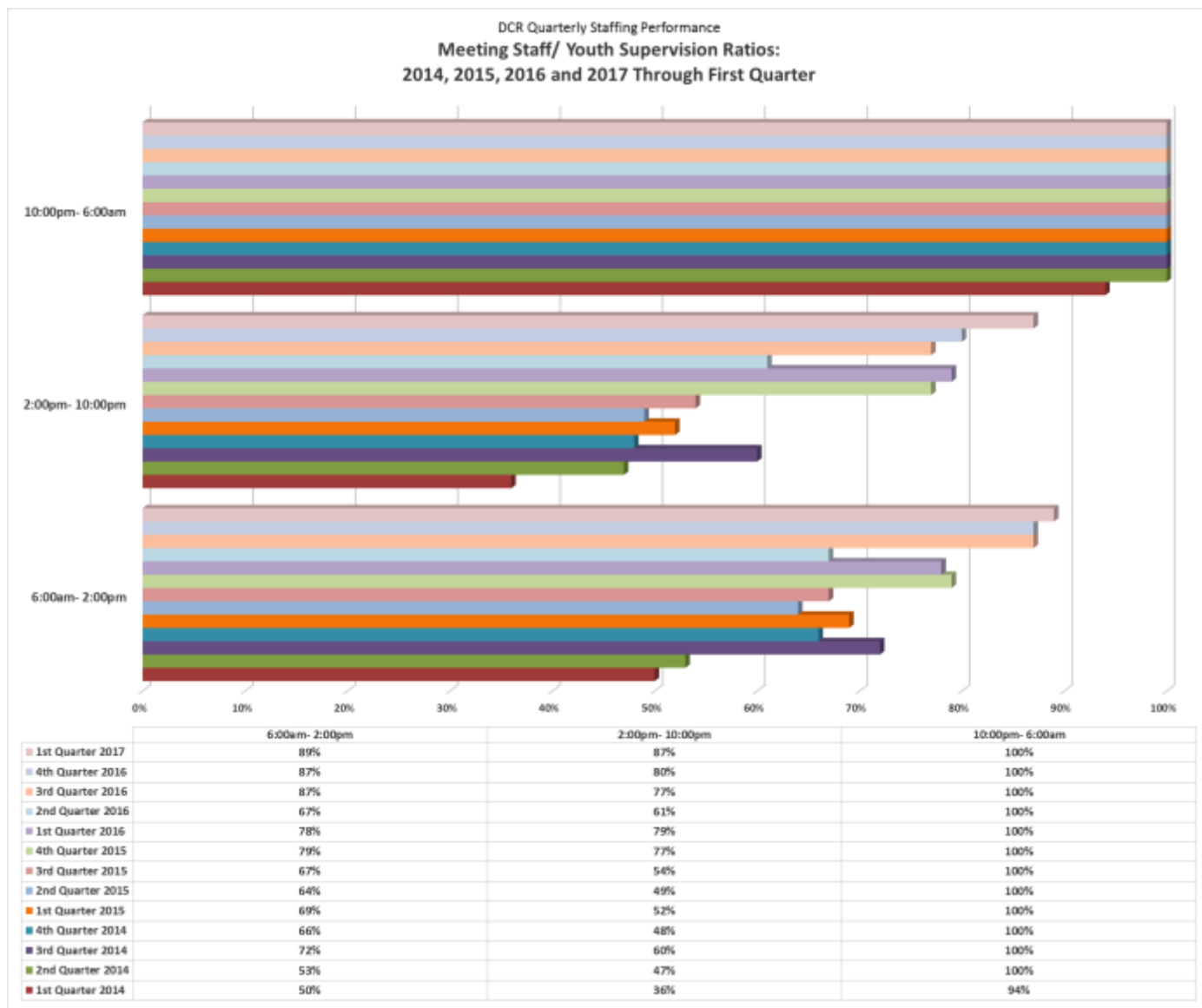
During the First Quarter, CREANDO and CTS Humacao reported meeting the staff youth ratio in 100% and 96% of the waking hour staffing events. This rate is the highest amongst the five facilities in operation throughout the quarter.

During the First Quarter, CTS Ponce had the lowest volume of events meeting the staff youth ratio requirements during waking hours (82%), although this is a 16% increase from the Fourth Quarter. CTS Ponce had the highest volume of waking hour shift events requiring double shifts (325/24%). PUERTAS, housed in one of the housing modules within CTS Ponce, met the staff youth ratio for all shifts throughout the 2017 First Quarter reporting period.

On February 15, 2017, a revised Master Roster was implemented at all DCR juvenile facilities. The DCR Master Roster is generated by Central Office and serves as a template for assignment of each staff person to specific posts at each facility for each day and shift. During the February 22, 2017 site visit the CTS Ponce facility administration described that the revised Master Roster was believed to be contributing to a significant volume of staff call offs, with the implication being that staff were unhappy about prioritized assignments to housing units.

| DCR First Quarter 2017 Staff Youth Ratio During Waking Hours Shifts (6:00 - 2:00 and 2:00 - 10:00) | Waking Hour Supervision Events | Met Staff Youth Ratio During Waking Hour Supervision Events | Percentage of Events Meeting Staff Youth Ratio During Waking Hours | Volume of Shifts Covered by Staff Working a Double Shift During Waking Hours | Percentage of Waking Hours Shifts Requiring Double Shifts |
|--|--------------------------------|---|--|--|---|
| CD Bayamón   | 747                            | 659   | 88%  | 78   | 10%   |
| CTS Humacao  | 764                            | 735   | 96%  | 155  | 20%   |
| <u>CTS Ponce</u>   | 1350                           | 1102  | 82%  | 325  | 24%   |
| CTS Villalba   | 1492                           | 1316  | 88%  | 129  | 9%  |
| CREANDO  | 182                            | 182   | 100%   | 4  | 2%  |
| DCR First Quarter Staff Youth Ratio: Waking Hours  | 4353                           | 3812  | 88%  | 692  | 16%   |

The following chart represents the DCR agency Staff Youth Ratio averages by shift for the last thirteen quarters through April 1, 2017:



The DCR 2017 First Quarter performance in meeting Staff Youth Ratios during waking hours is as follows:

- 6:00 am – 2:00 pm shift: 89% of events, a 2% increase from the Fourth Quarter of 2016 (87%)
- 2:00 pm – 10:00 pm shift: 87% of events, a 7% increase from the Fourth Quarter of 2016 (80%)
- 10:00 pm – 6:00 am shift: 100% of events, a 0% increase from the Fourth Quarter of 2016 (100%)

Of the 4535 waking hour supervision events (6:00 – 2:00 and 2:00 – 10:00 shifts) 3994 of the events (88%) met the shift staff youth ratio requirements. The DCR 2017 First Quarter Staff Youth Ratios compliance represents the highest aggregate percentage of staff youth ratio compliance in the twenty-nine quarters that have been documented in Staff Youth Ratio Quarterly Reports.

**First Quarter Staff Youth Ratio Rates:**

DCR has defined a practice with facility Supervisors III and Supervisor IV that the daily facility roster should be completed for each shift with a priority of staffing “from the inside (the modules) to the outside”. This appears to have resulted in significant improvement in staff youth ratio compliance. DCR has been working on development of agency staffing policy to procedurally require staffing assignment and documentation to prioritize operational compliance with the required staff youth ratios. Although it was anticipated that the revised staffing policy would be approved and distributed in the first quarter of 2017, DCR has yet to provide an update on the status of the staffing policy as of the production of the first quarter staffing report.

**Policy and Documentation Request to DCR:**

To support staff youth ratio compliance analysis, the Monitor’s Office has requested the following of DCR:

For DCR, as well as the Monitor’s Office, to effectively assess staff youth ratio compliance that the DCR Staffing policy identify that retrievable staff youth ratio documentation be maintained at each facility. The documentation should consist of the following:

- Daily youth population list, identify which youth are in which modules, designation of any youth on Protective Custody, Transitional Measures, Therapeutic Observation of Constant Watch. Additionally, daily trips and youth assigned to those trips should also be maintained in the daily population list.
- The facility staff roster, displaying which staff have been assigned to which modules. It is critical that the form allows for clear documentation of officers assigned to each module as well as mini control. This form should be uniform between all four facilities.
- To review staff and youth population materials in an efficient manner, it has been requested that staffing binders be put in place at each facility that allows for a review of daily staffing practices, which will allow for both DCR and Monitor’s Office analysis of policy and procedural compliance.

As of the Staffing Consultant site visits of February 21 and 22, 2017, DCR had not been able to implement the staffing documentation requests. At the time of the Staffing Functional Team Meeting on February 23, 2017, the Staffing Consultant offered to provide a workshop for DCR staff to facilitate the review of staffing policy and requested staffing documentation. A tentative date was established for the workshop to occur on March 29. The meeting was canceled on March 20 at the request of DCR. As of the time of the production of this report, there has not been a rescheduled date.

Sampling of facility daily youth population and facility staff rosters are reviewed during site visits for comparative analysis with submitted weekly Staff Youth Ratio forms.



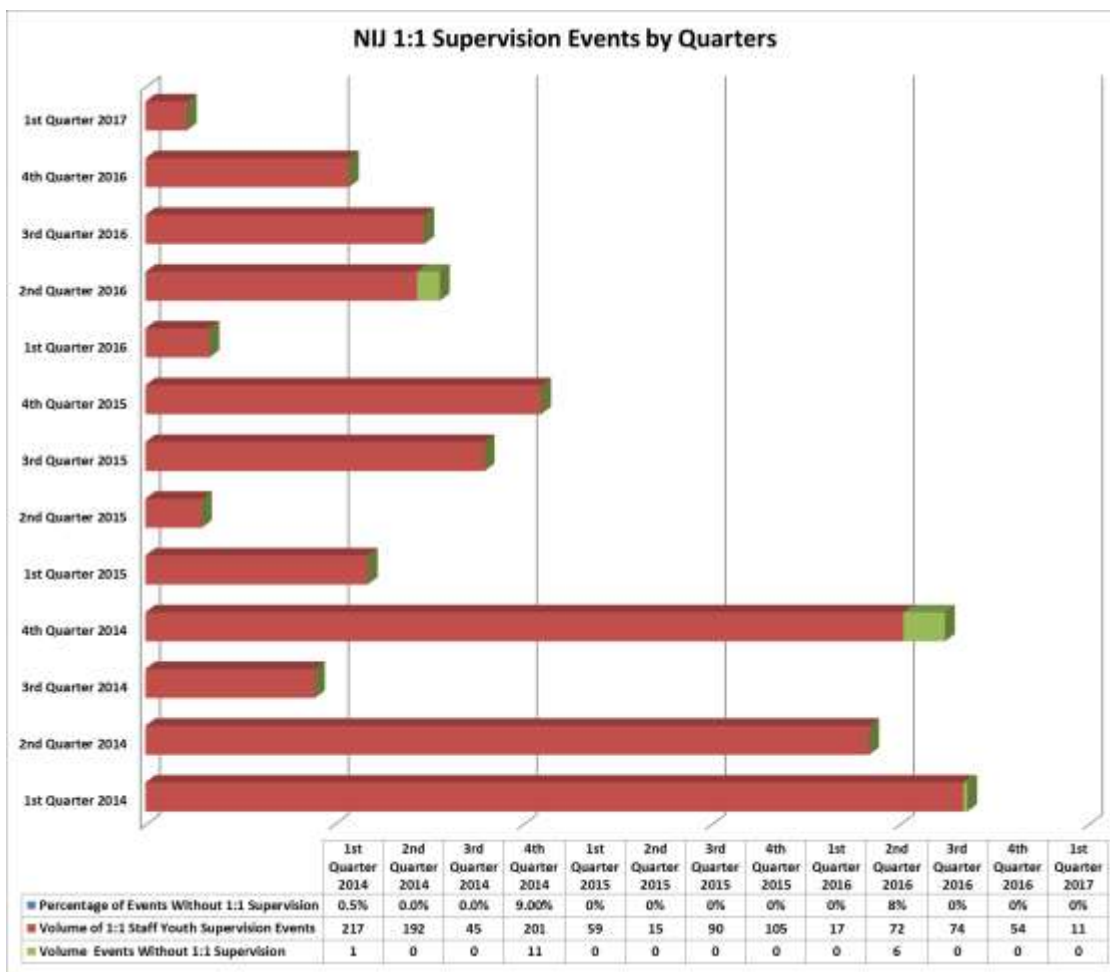
**DCR Agency 1:1 Supervision Events:**

DCR reported successfully staffing all 1:1 supervision events for the 2017 First Quarter, continuing to resolve 1:1 staffing shortages identified in the 2016 Second Quarter report.

The 2017 First Quarter reporting period reflects the volume of 1:1 supervision events reported as 11 events:

Correspondingly, the 2017 First Quarter volume of these events without required 1:1 supervision was reported as 0 events:

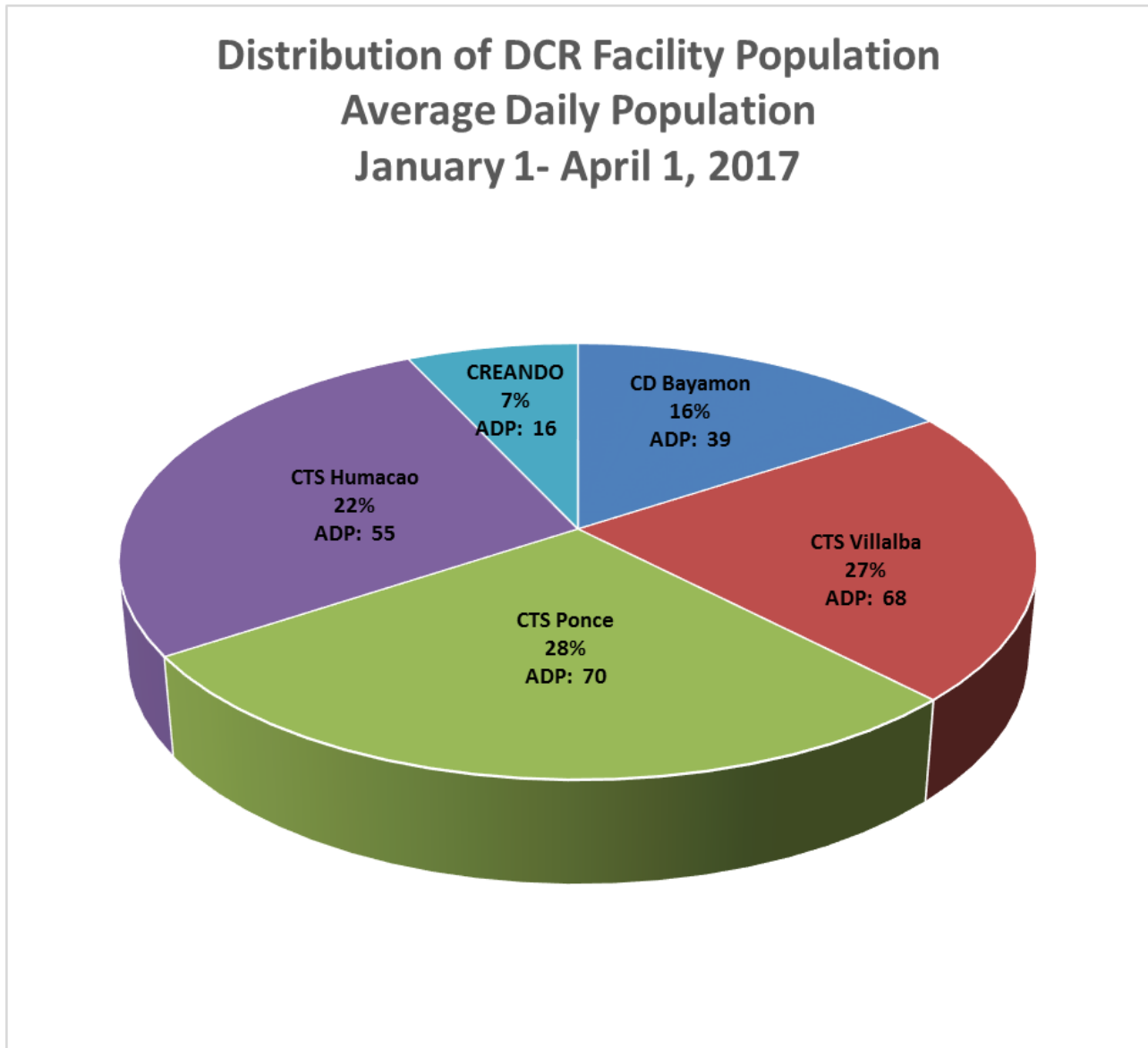
- 217 events 1<sup>st</sup> Quarter 2014
- 192 events 2<sup>nd</sup> Quarter 2014
- 45 events 3<sup>rd</sup> Quarter 2014
- 201 events 4<sup>th</sup> Quarter 2014
- 59 events 1<sup>st</sup> Quarter 2015
- 15 events 2<sup>nd</sup> Quarter 2015
- 90 events 3<sup>rd</sup> Quarter 2015
- 105 events 4<sup>th</sup> Quarter 2015
- 17 events 1<sup>st</sup> Quarter 2016
- 72 events 2<sup>nd</sup> Quarter 2016
- 74 events 3<sup>rd</sup> Quarter 2016
- 54 events 4<sup>th</sup> Quarter 2016
- 11 events 1<sup>st</sup> Quarter 2017
- 1 events 1<sup>st</sup> Quarter 2014
- 0 events 2<sup>nd</sup> Quarter 2014
- 0 events 3<sup>rd</sup> Quarter 2014
- 4 events 4<sup>th</sup> Quarter 2014
- 0 events 1st Quarter 2015
- 0 events 2<sup>nd</sup> Quarter 2015
- 0 events 3<sup>rd</sup> Quarter 2015
- 0 events 4<sup>th</sup> Quarter 2015
- 0 events 1<sup>st</sup> Quarter 2016
- 6 events 2<sup>nd</sup> Quarter 2016
- 0 events 3<sup>rd</sup> Quarter 2016
- 0 events 4<sup>th</sup> Quarter 2016
- 0 events 1<sup>st</sup> Quarter 2017



**DCR Average Daily Population**

Analysis of Staff Youth Ratio forms displays staffing information compared to facility average daily population (ADP). Facility average daily population was computed from the weekly Staff Youth Ratio forms by averaging the 6:00-2:00 shift facility population on the first Monday of each of the weeks in the reporting period.

The table below displays each facility’s average daily population for the reporting period (January 1 through April 1, 2017) as well as the proportionate facility youth population that each facility contributes to the agency average daily population.



The table of average daily populations can be found on page 13 of this report.

### CD Bayamón Staff Youth Ratio Analysis:

January 1 through April 1, 2017

**CD Bayamon operates as a detention center.**

The CD Bayamon detention youth population is expected to meet the following Staff Youth ratios:

- A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM
- A Staff Youth Ratio of 1:16 during 10:00 PM- 6:00 AM

**Percent of Forms Available: 100%**

**Volume of Weeks Analyzed: 13 of 13 requested**

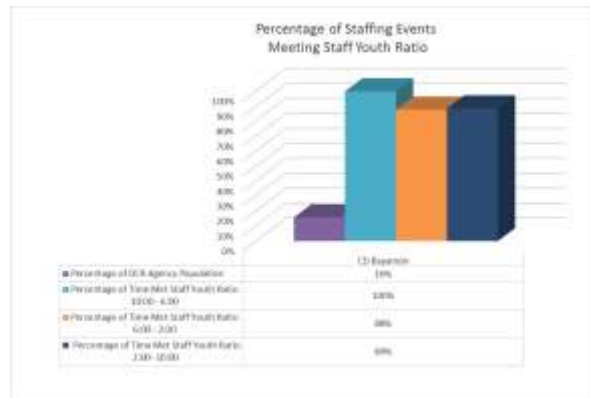
- **Volume of Staff Youth Ratio Events: 1118**
- **Volume of Staffing Events with Staff Working a Double Shift: 84 (8%)**

The First Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- **10:00 pm – 6:00 am: maintained 100% required staff youth ratio**
- **6:00 am – 2:00 pm: 88%, an 2% decrease since the Fourth Quarter reporting**
- **2:00 pm – 10:00 pm: 89%, an 8% increase since the Fourth Quarter reporting**
- **CD Bayamón represents 16% of the DCR institutional population.**
- **A facility site visit was conducted on 2/21/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.**

**Volume of Weeks Analyzed: 13**

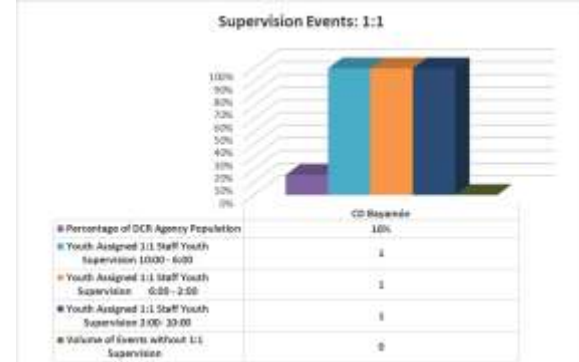
**Volume of Days Analyzed: 91**



**3 youth supervision 1:1 events for the First Quarter of 2017**

**Volume of 1:1 events without required staffing during reporting period:**

**0**



### CTS Humacao Staff Youth Ratio Analysis:

January 1 through April 1, 2017

**Treatment Level 5 Facility:**

- A Staff Youth Ratio of 1:8 during 6:00 AM-2:00 PM and 2:00 PM -10:00 PM and
- A Staff Youth Ratio of 1:16 during 10:00 PM - 6:00 AM

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

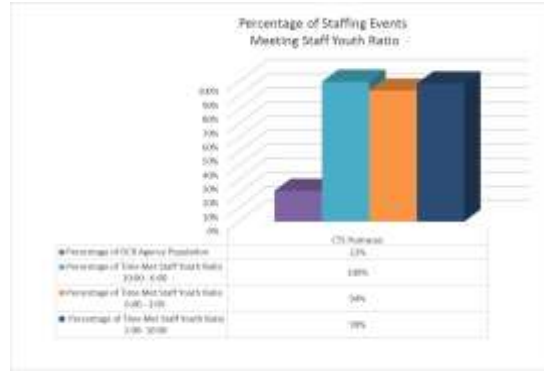
- Volume of Staff Youth Ratio Events: 1146
- Volume of Staffing Events with Staff Working a Double Shift: 178 (16%)

The First Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00pm- 6:00 am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 94%, an 6% increase since the Fourth Quarter reporting
- 2:00 pm – 10:00 pm: 99%, 13% increase since the Fourth Quarter reporting
- CTS Humacao represents 22% of the DCR institutional population.
- A facility site visit was conducted on 2/22/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

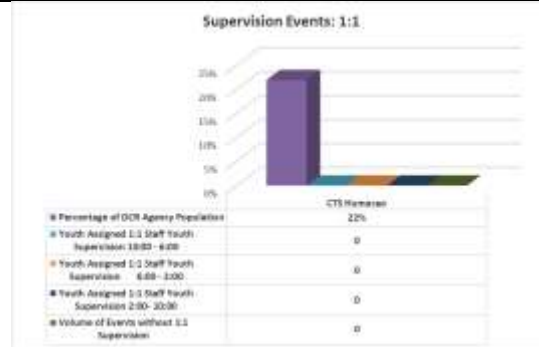
**Volume of Weeks Analyzed: 13**

**Volume of Days Analyzed: 91**



**0 youth supervision events for the First Quarter of 2017**

**Volume of 1:1 events without required staffing during reporting period: 0**



### CTS Ponce Staff Youth Ratio Analysis:

January 1 through April 1, 2017

**Treatment Level 2 and 3 Facility:**

CTS Ponce staff youth ratio is being analyzed as follows:

- A Staff Youth Ratio of 1:8 during 6:00 AM -2:00 PM and 2:00 PM -10:00 PM
- A Staff Youth Ratio of 1:16 during 10:00 PM - 6:00 AM

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

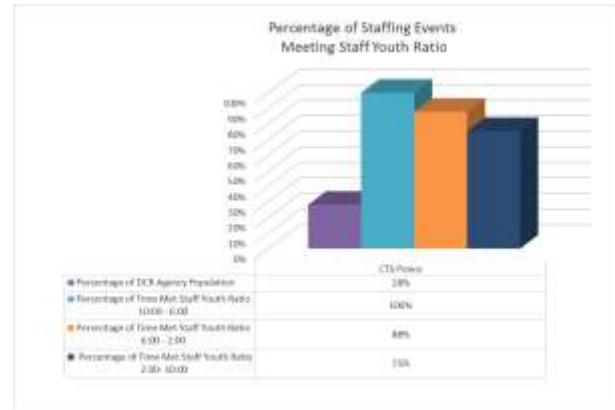
- Volume of Staff Youth Ratio Events: 2026
- Volume of Staffing Events with Staff Working a Double Shift: 485 (24%)

The First Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00 pm- 6:00 am: 100%, maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 88%, a 14% increase since Fourth Quarter reporting
- 2:00 pm – 10:00 pm: 75%, a 17% increase since the Fourth Quarter reporting
- CTS Ponce represents 28% of the DCR institutional population.
- The PUERTAS module met the staff youth ratio 100% of the First Quarter shifts.
- A facility site visit was conducted on 2/21/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

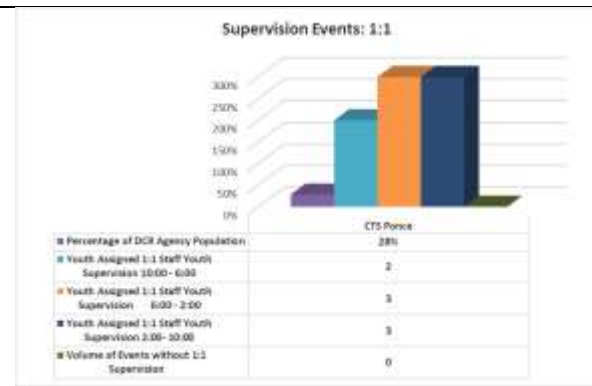
**Volume of Weeks Analyzed: 13**

**Volume of Days Analyzed: 91**



**8 youth 1:1 supervision events for the First Quarter of 2017**

**Volume of 1:1 events without required staffing during reporting period: 0**



### CTS Villalba Staff Youth Ratio Analysis:

January 1 through April 1, 2017

**Treatment Level 4 Facility:** As of June 14, 2016 Villalba also maintains a detention population that had previously been at CTS Humacao.

- A Staff Youth Ratio of 1:8 during 6:00 AM -2:00 PM and 2:00 PM -10:00 PM
- A Staff Youth Ratio of 1:16 during 10:00 PM - 6:00 AM

**Percent of Forms Available:** 100%

**Volume of Weeks Analyzed:** 13 of 13 requested

- **Volume of Staff Youth Ratio Events:** 2237
- **Volume of Staffing Events with Staff Working a Double Shift:** 158 (7%)

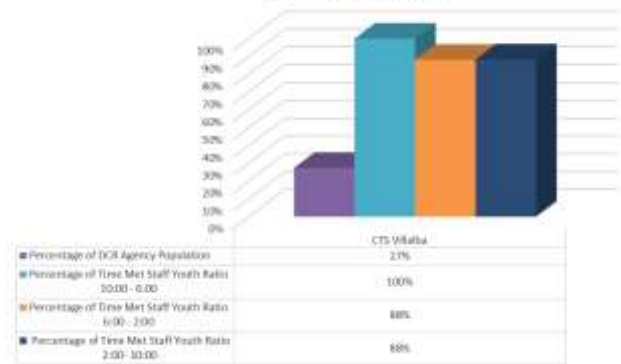
The First Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00pm- 6:00am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 88%, a 9% decrease since 2016 Fourth Quarter reporting
- 2:00 pm – 10:00 pm: 88%, an 8% decrease the 2016 Fourth Quarter reporting
- CTS Villalba represents 27% of the DCR institutional population.  
A facility site visit was conducted on 2/21/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

**Volume of Weeks Analyzed: 13**

**Volume of Days Analyzed: 91**

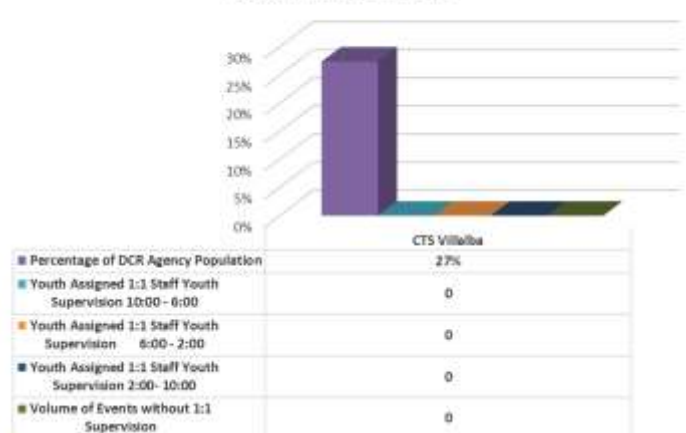
Percentage of Staffing Events Meeting Staff Youth Ratio



**0 youth 1:1 supervision events for the First Quarter of 2017**

**Volume of 1:1 events without required staffing during reporting period: 0**

Supervision Events: 1:1



### CREANDO Staff Youth Ratio Analysis:

January 1 through April 1, 2017

CREANDO operates as a multi-level treatment facility:

- A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM
- A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

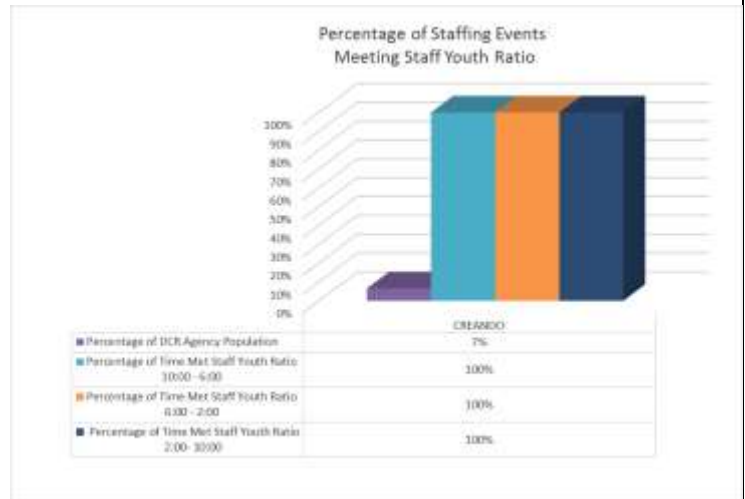
- Volume of Staff Youth Ratio Events: 273
- Volume of Staffing Events with Staff Working a Double Shift: 6 (2%)

CREANDO was in operation for thirteen weeks of the First Quarter reporting period.

- 10:00pm- 6:00am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: maintained 100% required staff youth ratio
- 2:00 pm – 10:00 pm: maintained 100% required staff youth ratio
- CREANDO represents 7% of the DCR institutional population.
- There was no site visit to CREANDO during the First Quarter.

**Volume of Weeks Analyzed: 13**

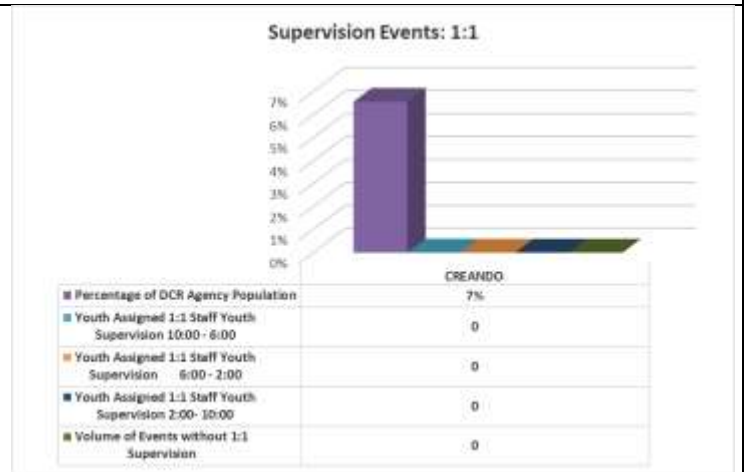
**Volume of Days Analyzed: 91**



CREANDO reported zero youth on 1:1 supervision for First Quarter of 2017.

**0 youth 1:1 supervision events for the First Quarter of 2017**

**Volume of 1:1 events without required staffing during reporting period: 0**





**Table of Date of Receipt of Facility Staff Youth Ratio Form:**

| <u>Date</u>                      | <u>CD Bayamon</u> | <u>CTS Humacao</u> | <u>CTS Ponce</u> | <u>CTS Villalba</u> | <u>Program CREANDO</u> |
|----------------------------------|-------------------|--------------------|------------------|---------------------|------------------------|
| January 1 - 7, 2017              | 2/6/2017          | 2/6/2017           | 2/6/2017         | 2/6/2017            | 2/10/2017              |
| January 8 - 14, 2017             | 2/6/2017          | 2/6/2017           | 2/10/2017        | 2/6/2017            | 2/10/2017              |
| January 15 - 21, 2017            | 2/10/2017         | 2/6/2017           | 2/10/2017        | 2/6/2017            | 2/10/2017              |
| January 22 - 28, 2017            | 2/10/2017         | 2/6/2017           | 2/6/2017         | 2/6/2017            | 2/6/2017               |
| January 29 - February 4, 2017    | 2/10/2017         | 2/17/2017          | 2/10/2017        | 2/10/2017           | 2/17/2017              |
| February 5- 11, 2017             | 2/17/2017         | 2/17/2017          | 2/17/2017        | 2/17/2017           | 2/17/2017              |
| February 12- 18, 2017            | 2/27/2017         | 2/27/2017          | 2/27/2017        | 2/27/2017           | 2/27/2017              |
| February 19- 25, 2017            | 3/7/2017          | 3/7/2017           | 3/7/2017         | 3/20/2017           | 3/7/2017               |
| February 26 - March 4, 2017      | 3/13/2017         | 3/13/2017          | 3/13/2017        | 3/20/2017           | 3/13/2017              |
| March 5 - 11, 2017               | 3/20/2017         | 3/20/2017          | 3/20/2017        | 4/9/2017            | 3/20/2017              |
| March 12- 18, 2017               | 3/29/2017         | 3/29/2017          | 3/29/2017        | 3/29/2017           | 3/29/2017              |
| March 19 -25, 2017               | 3/29/2017         | 4/9/2017           | 3/29/2017        | 4/11/2017           | 4/9/2017               |
| March 26 - April 1, 2017         | 4/9/2017          | 4/9/2017           | 4/11/2017        | 4/11/2017           | 4/9/2017               |
|                                  | 13                | 13                 | 13               | 13                  | 13                     |
| <b>Volume of Forms Submitted</b> | 100.00%           | 100.00%            | 100.00%          | 100.00%             | 100.00%                |

**Table of Facility Average Daily Population Based on Monday AM Weekly Counts:**

| <u>Dates of Reporting Period</u>           | <u>CD Bayamon</u> | <u>CTS Humacao</u> | <u>CTS Ponce</u> | <u>CTS Villalba</u> | <u>Program CREANDO</u> |
|--|-------------------|--------------------|------------------|---------------------|------------------------|
| January 1 - 7, 2017                        | 34                | 51                 | 83               | 65                  | 17                     |
| January 8 - 14, 2017                       | 34                | 51                 | 86               | 65                  | 17                     |
| January 15 - 21, 2017                      | 37                | 50                 | 83               | 66                  | 17                     |
| January 22 - 28, 2017                      | 36                | 55                 | 75               | 66                  | 17                     |
| January 29 - February 4, 2017              | 48                | 54                 | 64               | 62                  | 17                     |
| February 5- 11, 2017                       | 43                | 55                 | 66               | 60                  | 17                     |
| February 12- 18, 2017                      | 44                | 57                 | 67               | 65                  | 17                     |
| February 19- 25, 2017                      | 46                | 57                 | 66               | 69                  | 16                     |
| February 26 - March 4, 2017                | 38                | 55                 | 66               | 72                  | 16                     |
| March 5 - 11, 2017                         | 37                | 62                 | 62               | 72                  | 16                     |
| March 12- 18, 2017                         | 38                | 60                 | 63               | 75                  | 15                     |
| March 19 -25, 2017                         | 38                | 55                 | 63               | 73                  | 15                     |
| March 26 - April 1, 2017                   | 39                | 48                 | 64               | 75                  | 15                     |
| <b>Totals</b>                              | <b>512</b>        | <b>710</b>         | <b>908</b>       | <b>885</b>          | <b>212</b>             |
| <b>Percentage of AIJ Agency Population</b> | <b>16%</b>        | <b>22%</b>         | <b>28%</b>       | <b>27%</b>          | <b>7%</b>              |



## Document Attachment B: Consultant Robert Dugan Reports on Classification

### **First Quarter: January 1- March 31, 2017: CD Bayamón Admission Classification:**

The 2017 First Quarter is the nineteenth quarter that DCR has produced CD Bayamón Admission Classification data to be included in the Quarterly Report.

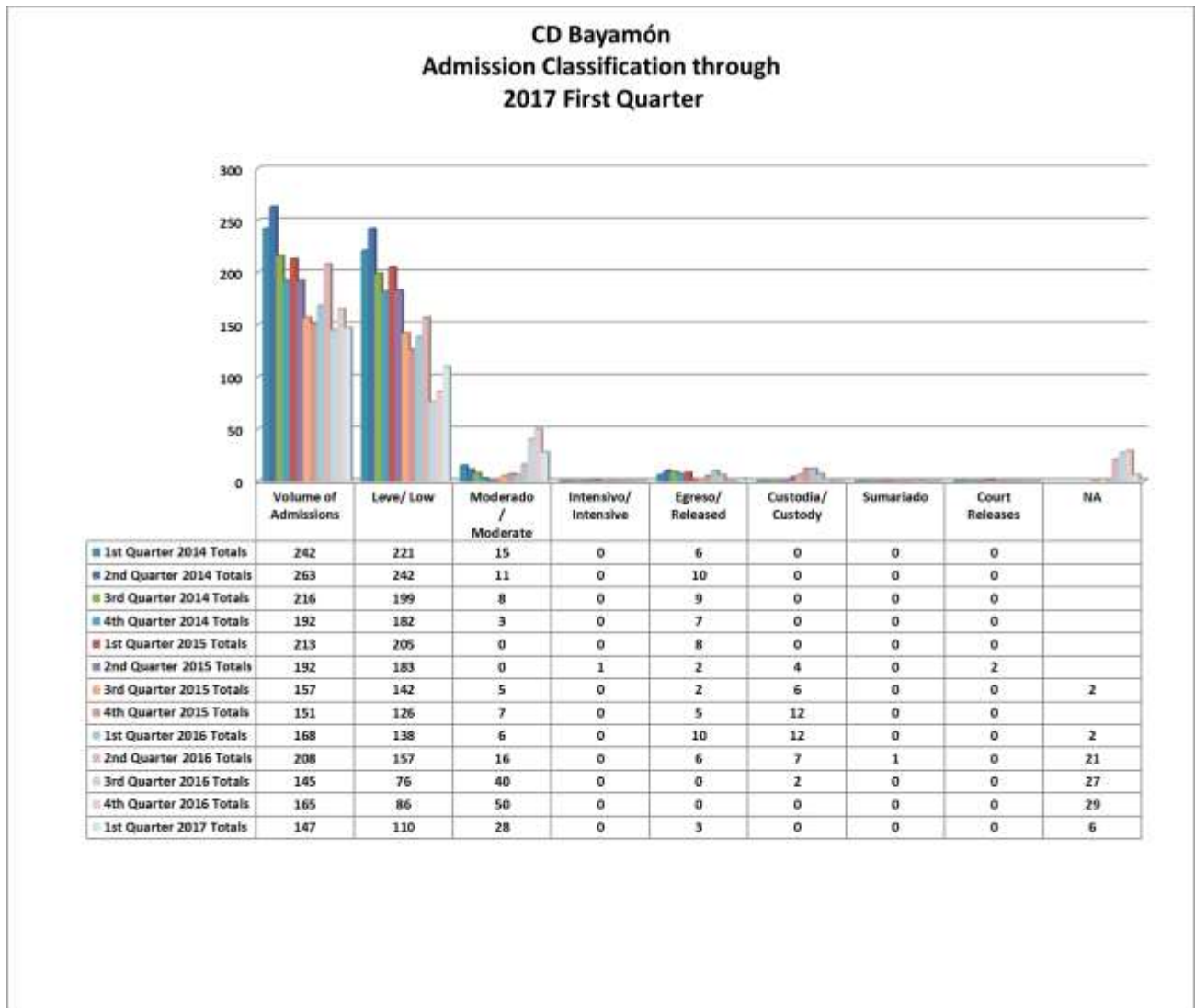


For the first quarter, there were 147 admissions of which 75% (110) were classified as low; 19% (28) were classified as moderate; 0% (0) was classified as intensive 2% (3) Released, and 4% (6) as NA.

NA status is assigned to youth for any of the following exceptions to having a detention admission classification administered:

- 1) released by the Court prior to admission classification;
- 2) assigned to site visit trips and then released (1 in the 1<sup>st</sup> Quarter);
- 3) admitted to detention under a commitment status and placed in committed classification housing module C2 (5 in 1<sup>st</sup> Quarter);
- 4) released to the public;

Except for six youth categorized as NA, detention classification documentation indicates youth have been consistently classified and assigned to a housing module that corresponds to detention classification level.



**First Quarter: January 1- March 31, 2017: Committed Classification:**

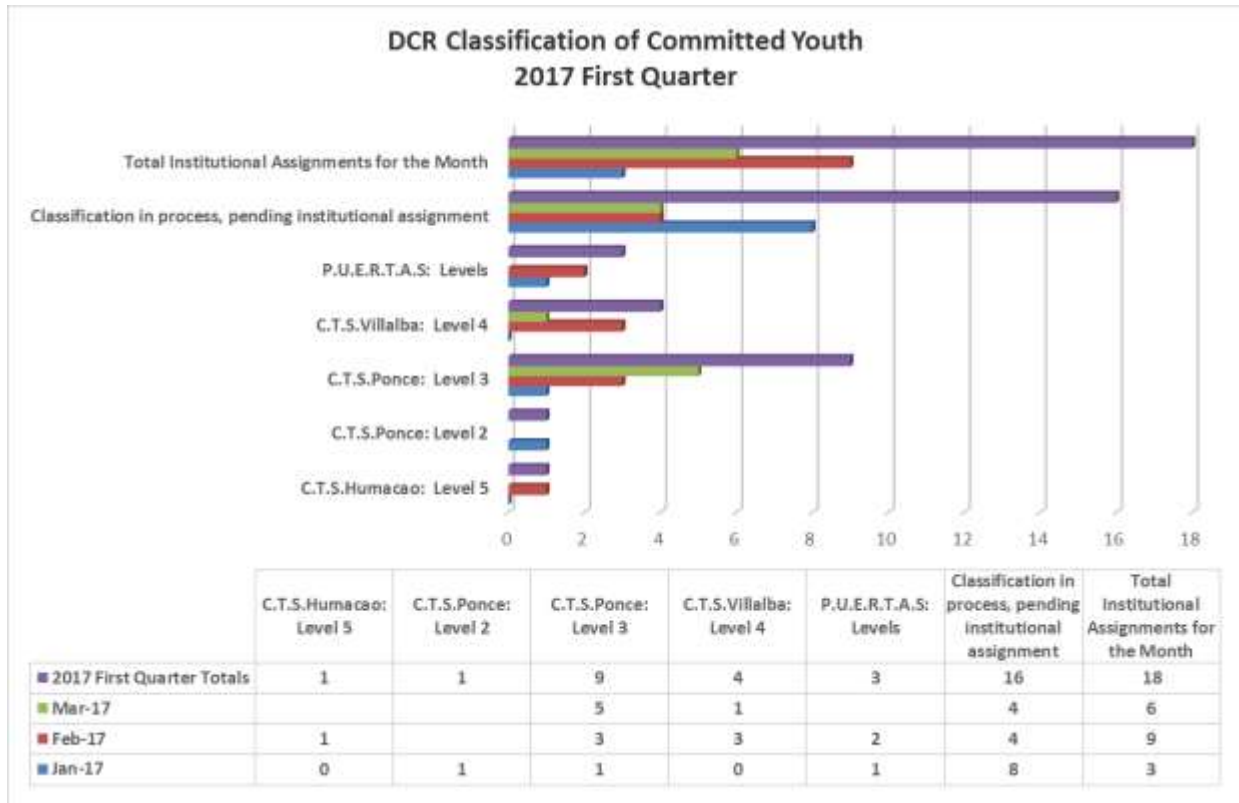
DCR has provided committed classification documentation for since January 2014. A mutual decision on the part of the DCR Classification Functional Team and the Monitor’s Consultant was not to analyze this data for the Quarterly Reports in recognition of the absence of a validated committed classification instrument. With the implementation of the Instrumento de Clasificación en Custodia (ICC), committed classification has been reported on as of the 2016 Fourth Quarter.

Each month, DCR provides to the Monitor’s Consultant a classification workbook that provides data for analysis of the monthly committed classification process. The workbook provides data under the following columns:

| PROCESO DE CLASIFICACIÓN DE JÓVENES CON CUSTODIA ENTREGADA |            |                           |                                       |                      |   |                      |                             |                                     |               |                     |
|--|------------|---------------------------|---------------------------------------|----------------------|---|----------------------|-----------------------------|-------------------------------------|---------------|---------------------|
| Nombre del Menor   | # Exp. DEC | Fecha Entrega de Custodia | Fecha Ingreso al Módulo de Evaluación | Fecha Discusión Caso | Nivel de Tx. Adjudicado de acuerdo a Puntuación en Escala | Institución Asignada | Fecha Autorización Traslado | Fecha Admisión Institución Asignada | Observaciones | *Días transcurridos |

DCR has produced a monthly facility population and levels of treatment verification report for February and March 2017. The report identifies each facility, youth name, assigned housing module and youth classification level of treatment. The submitted reports document consistency and compliance with youth facility assignment as described in the Classification Administrative Order.

The youth’s institutional assignment is reviewed to assess if it corresponds to the level of treatment score. For the First Quarter of 2017, all of the reviewed institutional assignments are consistent with the level of treatment scores and level assignments as reported in the monthly classification reports.



Youth who are committed to the custody of DCR are placed in the Residential Evaluation Module (MER) for evaluation, classification and ultimately placement in the facility with the corresponding treatment level as determined by the Division of Evaluation and Classification Team. For the first quarter, the average duration of placement in the MER is eighteen days. Several of the longer duration events in the MER were the result of delay in delivery from the Courts of proper documentation.

For the first quarter of 2017, thirteen of the eighteen classification assignments (72%) were placed in CTS Ponce; four classification assignments (22%) were placed in CTS Villalba and one classification assignments (6%) was placed at CTS Humacao.

Document Attachment C:  
 Report on Incidents and Understaffing  
 October-December 2016

|         |                            |            |                  |   |  |
|---------|----------------------------|------------|------------------|---|--|
| Jan. ?  | CD/CTS<br>Bayamón<br>Girls | 17-<br>006 | shift<br>unknown | Allegedly, the youth officer AR was trying to seduce two girls. According to the girl AMV the officer gave them her personal mobile phone number in a piece of paper. During a search the piece of paper was confiscated.   | ? officer,<br>? juveniles  |
| Jan. 11 | CTS<br>Ponce               | 17-<br>002 | Morning          | Allegedly, the youth BMD was assaulted by a group of 11 juveniles. The aggression occurred in Module 2. The victim had multiple open wounds (left hand, back and right side of his head). Apparently, the victim was cut with razor blades that were confiscated. The youth was taken to an emergency room and later to a hospital for surgery. Infirmiry notes confirmed the alleged injuries.         | 2 officers,<br>15 juveniles  |
| Jan. 11 | CTS<br>Ponce               | 17-<br>003 | Afternoon        | Allegedly, the youth JSO was hit by the youthofficer JVM. Apparently, the officer was trying to enforce the paper cloth protocol required for a therapeutic supervision. The incident occurred in Living Unit 3, room 301. The youth was aggressive but under therapeutic observation. According to infirmiry notes, the victim had a hematoma and a contusion in his nose and a red area in his chest. | 1 officer,<br>13 juveniles   |
| Jan. 19 | CTS<br>Ponce               | 17-<br>004 | Afternoon        | Allegedly, the youth JRE was hit in different parts of his body, including his face, by a bunch of juveniles. The victim had a jaw fracture and was referred to an emergency room where was eventually transferred to a hospital for surgery. An evaluation of an incident video  | 1 officers,<br>10 juveniles<br>(the officer was out of the module) |

|         |                           |            |           |  |                            |
|---------|---------------------------|------------|-----------|--|----------------------------|
|         |                           |            |           | shows the youth officer out of the module at that moment. The incident occurred in Module 3. Infirmary notes confirmed the alleged injuries.   |                            |
| Feb. 10 | CD/CTS<br>Bayamon<br>Boys | 17-<br>010 | Afternoon | Allegedly, the youth ENP was hit by 3 other juveniles in his sides (ribs). The incident occurred in Module D-1, bathroom area. Infirmary notes show red areas in victim's sides.   | 1 officer,<br>15 juveniles |
| Mar. 8  | CTS<br>Humacao            | 17-<br>017 | Morning   | Allegedly, the youth KAP was punched and kicked in his head by the youth officer LS while he was on the floor. In addition, the youth alleged that the officers XV and CR went to his room and hit him in his face and back. Infirmary notes show red areas in youth's head and in his back. | 2 officer,<br>14 juveniles |
| Mar. 12 | CTS<br>Ponce              | 17-<br>019 | Afternoon | Allegedly, the youth JSO was hit by the youth officer APG while he was on therapeutic supervision in Living Unit 5. The information was provided by the officer RLL.   | 1 officer,<br>13 juveniles |
| Mar. 13 | CTS<br>Humacao            | 17-20      | Afternoon | Allegedly, the youth MCR, that was on transitional measure, was hit by youth officer LS. The incident occurred in Module 1-A right when the victim was taken to his room from the bathroom area.   | 1 officer,<br>11 juveniles |
| Mar. 18 | CD/CTS<br>Bayamón<br>Boys | 17-<br>021 | Afternoon | Allegedly, the youth JRC was hit by the youth officer ACL. The incident occurred in Module D-1. The infirmary notes show a laceration in youth's neck, left side.  | 1 officer,<br>14 juveniles |

Document Attachment D:  
 Transitional Measures and Protective Custody Reviews  
 CTS Ponce Site Visit

The CTS Ponce facility population was 66 at 9:45 AM EDT.

The Facility Director reported all housing modules were staffed to maintain a staff youth ratio of 1:8.

CTS Ponce documents for Protective Custody and Transitional Measures are in folder format.

The Protective Custody and Transitional Measures folders consist of the following sections:

- Individual Register
- Information of Social Work
  - Formal Notification
  - Copy of Digital System Notification
  - Provisional Program of Classes
- Incident Information
- Hours of Observation
- Documentation of Presentation of Services
- Hours of Mental Health Observation
- 

Requested folders/records were available upon coming on site.

The following Protective Custody and Transitional Measures records were reviewed during the February 21, 2017 site visit.

| <b>Initials of Youth on Protective Custody</b>    | <b>Housing Module</b> | <b>Starting Date of Protective Custody</b>    |
|---|-----------------------|---|
| J.C.S.O.  | 8                     | 12/29/2016                                    |
| J.V.M.S.  | 1                     | 12/30/2016                                    |
| <b>Initials of Youth on Transitional Measures</b> | <b>Housing Module</b> | <b>Starting Date of Transitional Measures</b> |
| K.J.C.S. **                                       | 8                     | 12/7/2016                                     |
| J.F. G.   | 5                     | 1/7/2017                                      |
| K.J.C.S. **                                       | 8                     | 1/30/2017                                     |

\*\*The time available for site visit record review did not allow for the review of the Transitional Measures folder for K.J.C.S. the Transitional Measures folder for these two events was available for review.

|  |                                    |                               |                            |
|--|------------------------------------|-------------------------------|----------------------------|
| Protective Custody Event: CTS Ponce  |                                    | Date of Site Visit: 2/21/2017 |                            |
| Initials of Resident on Protective Custody   | Housing Module                     | Starting Date                 | Ending Date                |
| J.C.S.O.   | PUERTAS YOUTH assigned to Module 2 | 12/28/2016                    | Continuing as of 2/21/2017 |
| <p><b>Duration of Protective Custody:</b> 56 days as of the day of the site visit; The youth Protective Custody folder does not have documentation for the period of 2/12 through 2/20/2017, in light of the weekend and Monday holiday.</p> <p><b>Reason on Protective Custody:</b> Youth had a history of being on PUERTAS but has been removed from PUERTAS because of his significant acting out behavior. The case notes reflect that this youth's behavior was also reviewed by the Court, and the Judge ordered J.C.S.O. be placed on Protective Custody.</p> <p><b>Signature of Facility Director on Protective Custody:</b> The Facility Director and other department directors participated and signed the order for Protective Custody on 12/28/2016.</p> <p><b>Treatment Team Meeting Notes:</b> Documentation of all disciplines in Treatment Team Meeting on the following dates: 12/28/2016; 1/4/2017; 1/11/2017; 1/18/2017; 1/25/2017; 2/1/2017; 2/8/2017; and 2/15/2017.</p> <p><b>Analysis of Observation Forms:</b> The "Hoja Diaria Observacion" documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed. Diary of Hourly Observation forms were not in the Protective Custody folder for the dates of 2/11-2/20. The forms had not been filed in light of the weekend and 2/20/2017 holiday.</p> <p>It was reported by the facility and observed that the resident destroyed the Diary of Observation forms for 2/17 and 2/18. The forms were available for review but had been torn and crumbled by the youth.</p> <p><b>Supervisory Signature Documentation:</b> Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Protective Custody. The forms that were reviewed displayed consistency in Supervisory Signature documentation.</p> <p><b>Analysis of Services Form:</b> The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Protective Custody status documents with signature that he has received or not received the designated services. J.C.S.O. has refused to sign the Daily Services Form for this period of Protective Custody. Services form documented services throughout 56 (12/28/16 – 2/11/2017) days of the Protective Custody status that was reviewed as of the day of the site visit. The forms for the week of February 12 were not placed in the youths Protective Custody folder as of 2/21/2017.</p> <ul style="list-style-type: none"> <li>• <b>Education:</b> Youth Education Program of Classes form indicates the following subjects are to be received: Special Education Spanish, Special Education Math, Science, English and Social Studies, each subject for twenty minutes. The youth consistently refused educational services throughout the reviewed period of Protective Custody.</li> <li>• <b>Recreation:</b> Recreational services were consistently exceeding a 60-minute period for the majority of the days of the Protective Custody period. On many days the youth participated in recreation services of three hours or more. The significant duration of recreation reflects the facilities attempt to program for the youth with content he is willing to accept.</li> <li>• <b>Medical:</b> Medical offered and accepted services on 41 of 46 days for the days that service forms were available for review.</li> <li>• <b>Mental Health:</b> USMIC Services were offered and accepted on 21 of the 46 days for the days service</li> </ul> |                                    |                               |                            |



forms were available.

- **Social Work:** Social Work service visits were documented as occurring 28 days of the Protective Custody period.

| Protective Custody Event: CTS Ponce        |                | Date of Site Visit: 2/21/2017 |                            |
|--|----------------|-------------------------------|----------------------------|
| Initials of Resident on Protective Custody | Housing Module | Starting Date                 | Ending Date                |
| J.V.M.S.                                   | 5              | 12/30/2016                    | Continuing as of 2/21/2017 |

**Duration of Protective Custody:** 54 days

The Protective Custody status was ordered by the Court since the first day in custody. The Protective Custody folder indicates that the period of Protective Custody commenced on 12/30/2016, confirmed by Treatment Team on 12/30 and continued as of the day of the site visit.

**Reason on Protective Custody:** Youth had problems at CD Bayamon and was on Court ordered Protective Custody at that facility. The Treatment Team verified the Protective Custody status at CD Bayamon and continued the resident on Protective Custody status on 12/30/2017.

**Signature of Facility Director on Protective Custody:** The Facility Director and other department directors participated and signed the order for Protective Custody on 12/30/2016.

**Treatment Team Meeting Notes:** Documentation of all disciplines in the Treatment Team Meeting on a weekly basis (eight consecutive weeks), both in the Protective Custody folder as well as in the Treatment Team log: 12/30/2016; 1/4/2017; 1/11/2017; 1/18/2017; 1/25/2017; 2/1/2017; 2/8/2017; and 2/15/2017.

**Analysis of Observation Forms:** The "Hoja Diaria Observacion" documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed.

**Supervisory Signature Documentation:** Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Protective Custody. The forms that were reviewed displayed consistency in Supervisory Signature documentation.

**Analysis of Services Form:**

The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Protective Custody status documents with signature that he has received or not received the designated services.

The forms for the week of February 12 were not placed in the youths Protective Custody folder as of 2/21/2017.

- **Education:** Youth Education Program of Classes form indicates the following subjects are to be received: History, Math, Science, English, and Spanish. The youth had no educational classes on 1/31/2017, in order to attend a scheduled court hearing. Other scheduled educational days the youth received educational subjects for periods of time ranging from one hour and ten minutes to one hour and forty minutes with the majority of the educational sessions being one hour and forty minutes. There was no educational services documented on 2/7/2017, with no documented reason in the folder.
- **Recreation:** Recreation services documented on 42 of 44 days ranging in duration from 4 hours and 36 minutes to 30 minutes. There was a large volume of days with recreation duration significantly exceeding one hour.
- **Medical:** Medical services were offered and accepted on all days of Transitional Measure for which



service forms were available.

- **Mental Health:** USMIC services documented offered and accepted services in 30 of 44 days based in the forms that were available for review.
- **Social Work:** Social Work service visits were documented as occurring 28 days of the Transitional Measure period.

|  |                |                               |             |
|--|----------------|-------------------------------|-------------|
| Transitional Measure Event: CTS Ponce        |                | Date of Site Visit: 2/21/2017 |             |
| Initials of Resident on Transitional Measure | Housing Module | Starting Date                 | Ending Date |
| J.F.G.                                       | 5              | 1/7/2017                      | 2/8/2017    |

**Duration of Transitional Measure:** 33 days

The Transitional Measure folder indicates that the period of Transitional Measures commenced on 1/7/2017 and was terminated on 2/8/2017.

**Reason on Transitional Measure:** Youth alleged a group of youths hit him while in the gym. The youth would not identify the aggressors but stated he feared for his safety. The youth was placed on preventive supervision and constant supervision during the period of Transitional Measures for being upset, anxious and angry.

**Signature of Facility Director on Transitional Measure:** The Facility Director and other department directors participated and signed the order for Transitional Measure on 1/7/2017.

**Treatment Team Meeting Notes:** Documentation of all disciplines in Treatment Team Meeting on 1/11/2017, 1/18/2017, 1/25/2017, 2/1/2017, and 2/8/2017.

**Analysis of Observation Forms:** The "Hoja Diaria Observacion" documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed. The youth was on Preventive Supervision status from 1/12/2017 and 1/17/2017. The Preventative Supervision status documented observation every 15 minutes on pre-printed forms for various times throughout the Transitional Measure period.

**Supervisory Signature Documentation:** Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Transitional Measure. The forms that were reviewed displayed consistency in Supervisory Signature documentation.

**Analysis of Services Form:** The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Transitional Measures status documents with signature that he has received or not received the designated services. Services form were expected on the days of 1/7/2017 – 2/8/2017:

- **Education:** When the youth was first admitted to the facility the facility was under the belief that he had a GED that he had received in a community charter school. Consequently, education services documented as NA for three consecutive weeks, from 1/9/2017 through 1/23/2017.
- The facility received documentation that the youth did not have his GED and then developed an Education Programs for six twenty minute classes for History, Special Education Math, Science, English, and Special Education Spanish. Educational services were documented for 1/30 educational services for 1 hour and 24 minutes; on 1/31 educational services for 1 hour and 52 minutes; on 2/1 educational services for 1 hour and 40 minutes and 2/3 educational services for 1 hour and 55 minutes. On 2/2/2017 the youth was out of the facility and did not receive educational services.

- **Recreation:** Recreation services documented as offered and received on the living unit on 29 of the 33 days of Transitional Measure. Two days (2/6-7) the youth was on constant supervision there was no documented recreation, additionally there was no documented recreation provided on the first and last day of the Transitional Measures.
- **Medical:** Medical offered and accepted services on 33 of 33 days.
- **Mental Health:** USMIC services documented as offered and accepted services in 19 of 33 days.
- **Social Work:** Social Work services documented as offered and accepted on 21 of 33 days.

The CD Bayamon facility population was 40 youth, 13 girls and 27 boys at 2:15 PM EDT.

The Facility Director reported all housing modules were staffed to maintain a staff youth ratio of 1:8.

CD Bayamon documents for Protective Custody and Transitional Measures are in folder format.

The Protective Custody and Transitional Measures folders consist of the following sections:

- Individual Register
- Information of Social Work
  - Formal Notification
  - Copy of Digital System Notification
  - Provisional Program of Classes
- Incident Information
- Hours of Observation
- Documentation of Presentation of Services
- Hours of Mental Health Observation

Requested folders/records were available upon coming on site.

The following Protective Custody and Transitional Measures records were reviewed during the February 22, 2017 site visit.

| <b>Initials of Youth on Protective Custody</b> | <b>Housing Module</b>           | <b>Starting Date of Protective Custody</b> |
|--|---------------------------------|--|
| A.D.R.C.                                       | Adm. D - 1                      | 1/13/2017                                  |
| G.C.M.   | Cuarto observación Módulo Delta | 2/8/ 2017                                  |

|  |  |                               |               |
|--|--|-------------------------------|---------------|
| Protective Custody Event: CD Bayamon   |  | Date of Site Visit: 2/22/2017 |               |
| Initials of Resident on Protective Custody   |  | Housing Module                | Starting Date |
| A.D.R.C.   |  | Adm. D - 1                    | Ending Date   |
| Duration of Protective Custody: 12 days;   |  | 1/13/2017                     | 1/24/2017     |
| <p><b>Reason on Protective Custody:</b> Youth was on Protective Custody by order of the Court.</p> <p><b>Signature of Facility Director on Protective Custody:</b> The Facility Director and other department directors participated and signed the order for Protective Custody on 1/13/2017.</p> <p><b>Treatment Team Meeting Notes:</b> Documentation of all disciplines in Treatment Team Meeting on the following dates: 1/13/2017, 1/19/2017, and 1/24/2017.</p> <p><b>Analysis of Observation Forms:</b> The “Hoja Diaria Observacion” documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed.</p> <p><b>Supervisory Signature Documentation:</b> Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Protective Custody. The forms that were reviewed displayed consistency in Supervisory Signature documentation.</p> <p><b>Analysis of Services Form:</b><br/>The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Protective Custody status documents with signature that he has received or not received the designated services. Services form documented services throughout 12 days of the duration of Protective Custody.</p> <ul style="list-style-type: none"> <li>• <b>Education:</b> Documentation of educational services during the period of Protective Custody displayed services offered and received on 1/17/2017 for a duration of 3 hours and 15 minutes; on 1/18 for a duration of 3 hour and 15 minutes; 1/19 for a duration of 4 hours and 11 minutes; 1/20 for a duration of 5 hours; and 1/23 for a duration of 3 hours and 25 minutes. No documentation of educational services for the first day of Protective Custody on 1/13/2017, nor 1/16/2017, which was a holiday.</li> <li>• <b>Recreation:</b> Recreational services were offered and received for the following dates and durations: 1/14 for 1 hours and 15 minutes; 1/15 for 2 hours and 15 minutes; 1/16 for 2 hours and 30 minutes; 1/17 for 1 hour and 26 minutes; 1/18 for 3 hours and</li> </ul> |  |                               |               |

5 minutes; 1/19 for 1 hour and 1 minutes; 1/20 for 1 hour and 35 minutes; 1/22 for 3 hours and 5 minutes. Recreation was not documented as being offered on the first and last days of Protective Custody.

- **Medical:** Medical offered and accepted services on 12 of 12 days.
- **Mental Health:** USMIC Services were offered and accepted services in 7 of the 12 days of Protective Custody.
- **Social Work:** Social Work visits were documented as occurring 3 of the 12 days of the Protective Custody period.

|   |                                    |                      |                    |
|---|------------------------------------|----------------------|--------------------|
| Protective Custody Events: CD Bayamon             | Date of Site Visit: 2/22/2017      |                      |                    |
| <b>Initials of Resident on Protective Custody</b> | <b>Housing Module</b>              | <b>Starting Date</b> | <b>Ending Date</b> |
| G.C.M.  | Cuarto observación<br>Módulo Delta | 2/8/2017             | 2/14/2017          |

**Duration of Protective Custody:** 7 days

**Reason on Protective Custody:** Youth was on Protective Custody by order of the Court.

**Signature of Facility Director on Protective Custody:** The Facility Director and other department directors participated and signed the order for Protective Custody on 2/9/2017.

**Treatment Team Meeting Notes:** Documentation of all disciplines in Treatment Team Meeting on the following dates: 2/9/2017 and 2/17/2017.

**Analysis of Observation Forms:** The “Hoja Diaria Observacion” documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed.

**Supervisory Signature Documentation:** Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Protective Custody. The forms that were reviewed displayed consistency in Supervisory Signature documentation.

**Analysis of Services Form:**

The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Protective Custody status documents with signature that he has received or not received the designated services.

Services form documented services throughout 7 days of the duration of Protective Custody.

- **Education:** Documentation of educational services during the duration of Protective Custody of which there was 2 of the 5 days of expected education. Education time on

2/13/2017 was a duration of 5 hours and 9 minutes. Education time for 2/14/2017 was for 1 hour and 52 minutes.

- **Recreation:** Recreational services was not consistently offered for a 60 minute period each day of the Protective Custody period. Recreation was offered and received on 2/12/2017 for 2 hours and 55 minutes; on 2/13/2017 on one hour; and 2/14/2017 1 hour and 52 minutes.
- **Medical:** Medical offered and accepted services on 7 of 7 days.
- **Mental Health:** USMIC Services were not documented as being offered nor accepted for any days of the Protective Custody period.
- **Social Work:** Social Work visits were not documented as being offered for any days of the Protective Custody period.

\*\*\*The Facility Director and Facility Compliance Officer explained and provided documentation to show that this youth spent 2/8, 2/9 and 2/10 out of the facility.

The CTS Humacao facility population was 57 at 9:45 AM EDT.

The Facility Director reported all housing modules were staffed to maintain a staff youth ratio of 1:8.

CTS Humacao documents for Protective Custody and Transitional Measures are in folder format.

The Protective Custody and Transitional Measures folders consist of the following sections:

- Individual Register
- Information of Social Work
  - Formal Notification
  - Copy of Digital System Notification
  - Provisional Program of Classes
- Incident Information
- Hours of Observation
- Documentation of Presentation of Services
- Hours of Mental Health Observation

Requested folders/records were available upon coming on site.

The following Protective Custody and Transitional Measures records were reviewed during the February 22, 2017 site visit.

| Initials of Youth on Protective Custody    | Housing Module | Starting Date of Protective Custody    |
|--|----------------|--|
|  |                |  |
| Initials of Youth on Transitional Measures | Housing Module | Starting Date of Transitional Measures |
| G.D.V.                                     | 2A             | 12/30/2016                             |
| M.A.C.R. **                                | 2A             | 1/11/2017                              |

\*\*The Transitional Measures Services Forms that were reviewed did not accurately reflect the services that were documented on the Diary of Observations forms. Consequently the record review for services for M.A.C.R. was obtained through review of all of the Diary of Observations forms that corresponded to the Transitional Measures event.

|   |                       |                                      |                    |
|---|-----------------------|--------------------------------------|--------------------|
| <b>Transitional Measure Event: CTS Humacao</b>  |                       | <b>Date of Site Visit: 2/22/2017</b> |                    |
| <b>Initials of Resident on Transitional Measure</b>   | <b>Housing Module</b> | <b>Starting Date</b>                 | <b>Ending Date</b> |
| <b>G.D.V.</b>   | <b>2A</b>             | <b>11/10/2016</b>                    | <b>12/28/2016</b>  |
|   |                       | <b>12/30/2016</b>                    | <b>1/5/2017</b>    |
|   |                       | <b>1/30/2017</b>                     | <b>2/10/2017</b>   |
| <p><b><u>Duration of Transitional Measure:</u></b> Youth has had three periods of Transitional Measures:</p> <ul style="list-style-type: none"> <li>• 11/10/2016 through 12/28/2016: 49 days</li> <li>• 12/30/2016 through 1/5/2017: 7 days</li> <li>• 1/30/2017 through 2/10/2017: 12 days</li> </ul> <p><b><u>Reason on Transitional Measure:</u></b> The reason for the youth being on Transitional Measures for all three periods of Transitional Measures is the youth's inability to cohabitate with other youth on modules. At the time of the site visit the youth was residing on Module 2A.</p> <p><b><u>Signature of Facility Director on Transitional Measure:</u></b> The Facility Director and other department directors participated and signed the order for Transitional Measures on the following dates:<br/> Transitional Measures Event #1: 11/10/2016;<br/> Transitional Measures Event #2: 12/30/2016;<br/> Transitional Measures Event #3: 1/30/2017;</p> <p><b><u>Treatment Team Meeting Notes:</u></b> Documentation of all disciplines participating in Treatment Team Meeting on the following dates:<br/> Transitional Measures Event #1: 11/10/2016, 11/17/2016, 11/28/2016, 11/29/2016, 12/7/2016, 12/16/2016, 12/22/2016, and 12/28/2016.<br/> Transitional Measures Event #2: 12/30/2016 and 1/5/2017.<br/> Transitional Measures Event #3: 1/30/2017, 2/22/2017 and 2/10/2017.</p> <p><b><u>Analysis of Observation Forms:</u></b> The "Hoja Diaria Observacion" documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services.<br/> For the three Transitional Measure events that are identified above, the Observation forms documented observation, codes of observations with comments and signatures of individuals who provided services. Observation forms showed variance in time between observations with documented observations occurring in fifteen-minute intervals or less.</p> <p><b><u>Supervisory Signature Documentation:</u></b> Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. The forms that were reviewed displayed consistency in Supervisory Signature documentation requirement.</p> <p><b><u>Analysis of Services Form:</u></b><br/> The Services Form is generated by the Facility Grievance Officer, documenting</p> |                       |                                      |                    |

services as recorded on the Diary of Observation form. The youth on Transitional Measures status documents with signature that he has received or not received the designated services.

Services form were expected on the days of Transitional Measures, 11/10/2016 through 12/28/2016, 12/30/2016 through 1/5/2017 and 1/30/2017 through 2/10/2017.

- **Education:** The youth is a Fourth Year, meaning he has obtained is GED. Consequently, there is no formal educational curriculum. The youth is participating on a daily basis in a period of time when he can use the library and access a computer.
- **Recreation:** Recreation services were documented for all three of the Transitional Measure Events:
  - 11/10/2016 through 12/28/2016: Recreational services were offered and received on all 49 days of Transitional Measures with documentation of 60-minutes duration for all recreation periods.
  - 12/30/2016 through 1/5/2017: Recreational services were offered and received on all 7 days of Transitional Measures with documentation of 60-minutes duration for all recreation periods.
  - 1/30/2017 through 2/10/2017: Recreational services were offered and received on all 12 days of Transitional Measures with documentation of 60-minutes duration for all recreation periods.
- **Medical:** Medical services documented were offered and accepted on all the days of the three Transitional Measures events, with the exception of no documented medical services offered on 12/10/2016.
- **Mental Health:** USMIC services documented as offered and accepted services on:
  - Transitional Measures Event #1: 11/10/2016; 31 of 49 days of USMIC services were offered and received.
  - Transitional Measures Event #2: 12/30/2016; 3 of 7 days of USMIC services were offered and received
  - Transitional Measures Event #3: 1/30/2017; 4 of 12 days of USMIC services were offered and received.
- **Social Work:** Social Work services documented as offered and accepted on:
  - Transitional Measures Event #1: 11/10/2016; 13 of 49 days of Social Work services were offered and received.
  - Transitional Measures Event #2: 12/30/2016; 2 of 7 days of Social Work services were offered and received.
  - Transitional Measures Event #3: 1/30/2017; 3 of 12 days of Social Work



**services were offered and received.**

|  |                               |                      |                    |
|--|-------------------------------|----------------------|--------------------|
| Transitional Measure Event: CTS Humacao  | Date of Site Visit: 2/22/2017 |                      |                    |
| <b>Initials of Resident on Transitional Measure</b>  | <b>Housing Module</b>         | <b>Starting Date</b> | <b>Ending Date</b> |
| M.A.C.R.   | 2A                            | 1/11/2017            | 1/18/2017          |
| <p><b><u>Duration of Transitional Measure:</u> 8 days;</b><br/> <b>Transitional Measure folder indicates that the period of Transitional Measures commenced on 1/11/2017 through 1/18/2017.</b></p> <p><b><u>Reason on Transitional Measure:</u> Youth was having problems with cohabitation with other residents and modules. Based on this, the Treatment Committee recommended Transitional Measure for the youth.</b></p> <p><b><u>Signature of Facility Director on Transitional Measure:</u> The Facility Director and other department directors participated and signed the order for Transitional Measure on 1/11/2017.</b></p> <p><b><u>Treatment Team Meeting Notes:</u> Documentation of all disciplines participating in Treatment Team Meeting on 1/11/2017 and 1/18/2017.</b></p> <p><b><u>Analysis of Observation Forms:</u> The “Hoja Diaria Observacion” documents time of observations, code of observations of resident conduct, comments and signature of individual performing services.<br/> Eight days of Observation forms documented observation, codes of observations with comments and signatures of individuals who provided services. Observation forms showed variance in time between observations with documented observations occurring in fifteen-minute intervals or less.</b></p> <p><b><u>Supervisory Signature Documentation:</u> Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Transitional Measure.<br/> The forms that were reviewed displayed consistency in Supervisory Signature documentation.</b></p> <p><b><u>Analysis of Services Form:</u><br/> The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Transitional Measures status documents with signature that he has received or not received the designated services.</b></p> <p><b>Services form were expected on the days of Transitional Measures, 1/11 through 1/18/2017.</b></p> <ul style="list-style-type: none"> <li>• <b><u>Education:</u> Educational Service form documentation did not show any educational services offered or received during the Transitional Measures. A review of the “Hoja Diaria Observacion” documented one day, 1/17/2017 that the youth received</b></li> </ul> |                               |                      |                    |

five subjects of education (math, Science, English, Spanish, and Social Studies) for 20 minutes for each subject for a total of 100 minutes.

- **Recreation:** Recreation services were documented for all 8 days, 1/11 – 1/18/2017, with each recreation session documented as 60 minutes duration.
- **Medical:** Medical services documented as offered and accepted services on 8 of the 8 days the days of Transitional Measures.
- **Mental Health:** Documentation of USMIC services as offered and accepted services on 3 days, 1/11, 1/12 and 1/18/2017.
- **Social Work:** Documentation of Social Work services documented as not offered any days of the Transitional Measure period. A review of the “Hoja Diaria Observacion” documented two days, 1/12 and 1/18/2017 that the youth received Social Work visits.

The CTS Villalba facility population was 68 at 2:30 PM EDT.

The Facility Director reported all housing modules were staffed to maintain a staff youth ratio of 1:8.

CTS Villalba documents for Protective Custody and Transitional Measures are in folder format.

The Protective Custody and Transitional Measures folders consist of the following sections:

- Individual Register
- Information of Social Work
  - Formal Notification
  - Copy of Digital System Notification
  - Provisional Program of Classes
- Incident Information
- Hours of Observation
- Documentation of Presentation of Services
- Hours of Mental Health Observation

Requested folders/records were available upon coming on site.

The following Protective Custody and Transitional Measures records were reviewed during the February 21, 2017 site visit.

| Initials of Youth on Protective Custody    | Housing Module | Starting Date of Protective Custody    |
|--|----------------|--|
| A.D.R.C.                                   | B2             | 1/2/2017                               |
| Initials of Youth on Transitional Measures | Housing Module | Starting Date of Transitional Measures |
| G.J.S.M.                                   | D1             | 1/19/2017                              |

|               |           |                  |
|---------------|-----------|------------------|
| <b>B.V.L.</b> | <b>D1</b> | <b>2/17/2017</b> |
|---------------|-----------|------------------|

|   |                               |                                      |                    |
|---|-------------------------------|--------------------------------------|--------------------|
| <b>Protective Custody Event: CTS<br/>Villalba</b>   |                               | <b>Date of Site Visit: 2/21/2017</b> |                    |
| <b>Initials of Resident on Protective Custody</b>   | <b>Housing Module</b>         | <b>Starting Date</b>                 | <b>Ending Date</b> |
| <b>A.D.R.C.</b>   | <b>B2: a Detention Module</b> | <b>2/1/2017</b>                      | <b>2/6/2017</b>    |
| <b><u>Duration of Protective Custody:</u> 6 days;</b>   |                               |                                      |                    |
| <b><u>Reason on Protective Custody:</u> The Court ordered the Protective Custody. Youth is a detention youth placed in Module B-2. The Court ordered the youth to be on Protective Custody during a period of evaluation while in detention.</b>  |                               |                                      |                    |
| <b><u>Signature of Facility Director on Protective Custody:</u> The Facility Director and other department directors participated and signed the order for Protective Custody on 2/1/2017.</b>  |                               |                                      |                    |
| <b><u>Treatment Team Meeting Notes:</u> Documentation of all disciplines in Treatment Team Meeting on the following dates: 2/1/2017 and 2/6/2017.</b>   |                               |                                      |                    |
| <b><u>Analysis of Observation Forms:</u> The “Hoja Diaria Observacion” documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed.</b> |                               |                                      |                    |
| <b><u>Supervisory Signature Documentation:</u> Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Protective Custody. The forms that were reviewed displayed consistency in Supervisory Signature documentation.</b>   |                               |                                      |                    |
| <b><u>Analysis of Services Form:</u></b>  |                               |                                      |                    |
| <b>The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Protective Custody status documents with signature that he has received or not received the designated services.</b>   |                               |                                      |                    |
| <b>Services form documented services throughout the duration of Protective Custody.</b>   |                               |                                      |                    |
| <ul style="list-style-type: none"> <li>• <b><u>Education:</u> Documentation of educational services during two of the three days of Protective Custody excluding the weekend and date of admission and date of release.</b></li> <li>• <b><u>Recreation:</u> Recreational services were offered and received on three of four days, excluding the date of admission and release.</b></li> </ul>   |                               |                                      |                    |

- **Medical:** Medical offered and accepted services on 6 of 6 days.
- **Mental Health:** USMIC Services were offered and accepted on 3 days.
- **Social Work:** Social Work service visits were documented as occurring on 3 days of the Protective Custody period.

|   |                       |                                      |                    |
|---|-----------------------|--------------------------------------|--------------------|
| <b>Transitional Measure Event: CTS Villalba</b>   |                       | <b>Date of Site Visit: 2/21/2017</b> |                    |
| <b>Initials of Resident on Transitional Measure</b>   | <b>Housing Module</b> | <b>Starting Date</b>                 | <b>Ending Date</b> |
| <b>G.J.S.M.</b>   | <b>D1</b>             | <b>1/19/2017</b>                     | <b>2/7/2017</b>    |
| <p><b><u>Duration of Transitional Measure:</u> 20 days;</b><br/> <b>Transitional Measure folder indicates that the period of Transitional Measures commenced on 1/19/2017 through 2/7/2017.</b></p> <p><b><u>Reason on Transitional Measure:</u> Youth had confrontations and difficulties cohabitating with other youth in various modules that required he be separated from the rest of the facility population.</b></p> <p><b><u>Signature of Facility Director on Transitional Measure:</u> The Facility Director and other department directors participated and signed the order for Transitional Measure on 1/19/2017.</b></p> <p><b><u>Treatment Team Meeting Notes:</u> Documentation of all disciplines participating in Treatment Team Meeting on 1/19/2017, 1/24/2017, 2/1/2017 and 2/7/2017.</b></p> <p><b><u>Analysis of Observation Forms:</u> The “Hoja Diaria Observacion” documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed.</b></p> <p><b><u>Supervisory Signature Documentation:</u> Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is to sign the log book in the living unit. This requirement was documented as occurring during all days of Protective Custody. The forms that were reviewed displayed consistency in Supervisory Signature documentation.</b></p> <p><b><u>Analysis of Services Form:</u></b><br/> <b>The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Transitional Measure status documents with signature that he has received or not received the designated services. Services form were expected on the days of Transitional Measures, 1/19/2017 through 2/7/2017.</b></p> <ul style="list-style-type: none"> <li>• <b><u>Education:</u> Resident has graduated from high school and is not participating in any educational services.</b></li> <li>• <b><u>Recreation:</u> Recreation services were documented as being offered and accepted on 16 of the 18 of the days, excluding the first and last day of Transitional Measures. The resident refused recreation services on 1/25 and 1/30.</b></li> </ul> <p><b>Recreation service durations were reported as: 60, 25, 60, 60, 60, 50, 50, 94, 84, 60,</b></p> |                       |                                      |                    |

70, 38, 60, 60, 60, and 60 minutes.

- **Medical:** Medical services documented as offered and accepted services on all 20 days of Transitional Measures.
- **Mental Health:** USMIC services documented as offered and accepted services on 12 days, excluding weekends and on the first day of Transitional Measures on 1/19/2017.
- **Social Work:** Social Work services documented as offered and accepted on 14 days.

|  |                |                               |                                   |
|--|----------------|-------------------------------|-----------------------------------|
| Transitional Measure Events: CTS Villalba    |                | Date of Site Visit: 2/21/2017 |                                   |
| Initials of Resident on Transitional Measure | Housing Module | Starting Date                 | Ending Date                       |
| B.V.L.                                       | D1             | 2/17/2017                     | Continues as of day of site visit |

**Duration of Transitional Measure:** 4 days as of site visit date.

Transitional Measure folder indicates that the period of Transitional Measures commenced on 2/17/2017 through 2/21/2017 at the time of the site visit and record review.

**Reason on Transitional Measure:** Youth had confrontations and difficulties cohabitating with other youth in various modules that requires he be separated from the rest of the facility population. The youth was recently transferred from CREANDO to CTS Villalba.

**Signature of Facility Director on Transitional Measure:** The Facility Director and other department directors participated and signed the order for Transitional Measure on 2/17/2017.

**Treatment Team Meeting Notes:** Documentation of all disciplines participating in Treatment Team Meeting on 2/17/2017.

**Analysis of Observation Forms:** The “Hoja Diaria Observacion” documents time of observations, code of observations of resident conduct, comments and signature of individuals that are providing services. The Diary of Observation forms that were reviewed document observation times not exceeding 15 minutes. The forms documented a variety in the time intervals between observation events, as well as all columns for codes of observation of conduct, comments and signatures were comprehensively completed.

**Supervisory Signature Documentation:** Every workday the supervisor in charge is to visit the youth and verify the youth has received all services. The Supervisor is



to sign the log book in the living unit. This requirement was documented as occurring during all days of Transitional Measure. The forms that were reviewed displayed consistency in Supervisory Signature documentation.

**Analysis of Services Form:**

The Services Form is generated by the Facility Grievance Officer, documenting services as recorded on the Diary of Observation form. The youth on Transitional Measures status documents with signature that he has received or not received the designated services.

Services form were expected on the days of Transitional Measures, 2/17/2017 through 2/21/2017.

N.B. In light of the recent start date of the youth on Transitional Measures the Transitional Measure folder had not been requested and the Service Form was not in the folder.

- **Education:**
- **Recreation:**
- **Medical:**
- **Mental Health:**
- **Social Work:**

## Document Attachment E: Abuse Referrals Tracking Report

The following tables summarize statistics about case management for the past four quarters. The primary source of the information is the case tracking records maintained by NIJ along with other records such as the underlying individual case reports and records.

This table has been revised to along the measures that are presented with the updated procedures for the management of these cases. There are empty cells for earlier quarters that are to be updated by NIJ. The table is subject to further revision for the upcoming quarter based on the experience of the parties and the Monitor's Office.

The first table summarizes general information about incidents events. An incident event may generate many incident reports, but this table counts a multiple-report incident as a single event.

| <b>A. General Measures</b>                                   | <b>16-2nd</b> | <b>16-3th</b> | <b>16-4th</b> | <b>17-1st</b> |
|--|---------------|---------------|---------------|---------------|
| A.1 Average Monday 1st Shift count of youth                  | 289           | 271           | 259           | 256           |
| A.2 Number of incident events                                | 87            | 67            | 53            | 65            |
| A.3 Number of youth-to-youth incident events                 | 51            | 34            | 23            | 34            |
| A.4 Incident events involving use of force by staff          | 30            | 18            | 23            | 16            |
| A.5 Incident events with suicide act, ideation, or gesture   | 9             | 9             | 9             | 7             |
| A.6 Incident events w/ self-mutil. act, ideation, or gesture | 14            | 11            | 3             | 8             |

The next table summarizes suicide and self-mutilation incidents known to mental health staff. Many of these do not warrant abuse allegations.

| <b>B. Mental Health Record Information</b>            | <b>16-2nd</b> | <b>16-3th</b> | <b>16-4th</b> | <b>17-1st</b> |
|---|---------------|---------------|---------------|---------------|
| B.1 Suicidal incidents, ideation or gestures          | 9             | 9             | 9             | 6             |
| B.2 Number of individual youth referenced             | 9             | 8             | 9             | 4             |
| B.3 Cases involving ideation only                     | 6             | 8             | 6             | 4             |
| B.4 Cases involving suicide gesture                   | 3             | 1             | 3             | 2             |
| B.5 Cases involving suicide intention                 | 0             | 0             | 0             | 0             |
| B.6 Cases w/ ambulatory treatment                     | 9             | 9             | 9             | 6             |
| B.7 Cases with hospitalization                        | 0             | 0             | 0             | 0             |
| B.8 Cases leading to death                            | 0             | 0             | 0             | 0             |
| B.9 Suicide Cases with 284 report filed               | 0             | 0             | 0             | 0             |
| B.10 Self-mutilations incidents, ideation or gestures | 14            | 11            | 3             | 8             |
| B.11 Number of individual youth referenced            | 13            | 9             | 3             | 8             |
| B.12 Cases requiring sutures                          | 0             | 0             | 0             | 0             |
| B.13 Cases requiring hospitalization                  | 0             | 0             | 0             | 0             |
| B.14 Cases leading to death                           | 0             | 0             | 0             | 0             |
| B.15 Self-Mutilation Cases with a 284 report filed    | 4             | 0             | 0             | 0             |

The above cases come from mental health records. NIJ has implemented a screening procedure and instrument that diverts the investigation of some incidents from the Paragraph 78 process to a recently developed mental health process. Of the 65 (A.2) incident events in most recent quarter, 14 (compared to 20 and 12 in the previous two quarters) (B.1 plus B.10) involved suicide and self-mutilation incidents.

None of the above incidents resulted in a Paragraph 78a abuse referral. All cases were to be referred to the mental health process. During the quarter, a change in mental health staffing was proposed and it is not clear whether the new personnel are fully informed as to how to complete the referral reviews.

The next table summarizes abuse referrals and the initial responses to such referrals.

| <b>C. 284 Incidents</b>                              | <b>16-2nd</b> | <b>16-3th</b> | <b>16-4th</b> | <b>17-1st</b> |
|--|---------------|---------------|---------------|---------------|
| C.1 284 Incident Events                              | 30            | 30            | 21            | 21            |
| C.2 Level One Incident Events                        | 8             | 3             | 2             | 5             |
| C.3 Level Two Incident Events                        | 22            | 27            | 19            | 16            |
| C.4 Referrals to OISC                                | 22            | 27            | 19            | 16            |
| C.5 Youth-to-Youth Incidents                         | 15            | 11            | 5             | 6             |
| C.6 Youth-to-Youth Injuries                          | 9             | 3             | 2             | 3             |
| C.7 Youth-to-Youth with External Care                | 3             | 1             | 2             | 2             |
| C.8 Youth-to-Youth Sexual                            | 1             | 0             | 1             | 0             |
| C.9 Youth-to-Youth Sexual w/ Injury                  | 0             | 0             | 0             | 0             |
| C.10 Staff-to-Youth Incidents                        | 15            | 19            | 16            | 15            |
| C.11 Staff-to-Youth Injuries                         | 7             | 7             | 3             | 9             |
| C.12 Staff-to-Youth with External Care               | 0             | 0             | 1             | 0             |
| C.13 Staff-to-Youth Sexual                           | 1             | 3             | 1             | 1             |
| C.14 Staff-to-Youth Sexual with Injury               | 0             | 0             | 0             | 0             |
| C.15 284 Incident Events with administrative actions | 30            | 30            | 21            | 21            |
| C.16 284 Incident Events with report by end of shift | 29            | 30            | 21            | 20            |
| C.17 Level 1 Investigations complete within 20 days  | 8             | 3             | 2             | 5             |
| C.18 SOU (Special Operations) interventions          | 0             | 2             | 1             | 1             |
| C.19 SOU events with 284 reports                     | 0             | 2             | 1             | 1             |
| C.20 284 with Item 5 completed                       | 30            | 30            | 21            | 20            |
| C.21 284 with Staffing Compliance                    | 20            | 19            | 17            | 16            |
| C.22 Percent 284 cases with staffing compliance      | 67%           | 63%           | 81%           | 80%           |

Level One incidents are investigated locally at the institution. Level Two incidents are investigated by OISC.

Of the 20 housing unit events with item 5 checked in the report (C.20), 80% (C.22) took place when there was compliance with staffing provisions.

| <b>D. Initial Case Management Measures</b>            | <b>16-2nd</b> | <b>16-3th</b> | <b>16-4th</b> | <b>17-1st</b> |
|---|---------------|---------------|---------------|---------------|
| D.1 284 percent with admin actions                    | 100%          | 100%          | 100%          | 100%          |
| D.2 284 per cent completed by end of shift            | 97%           | 100%          | 100%          | 95%           |
| D.3 284 Level 1 Investigation Complete Within 20 days | 100%          | 100%          | 100%          | 100%          |

The following table concerns referrals and investigations of cases to and by OISC, which is the new title for the investigation unit previously referred to as “SAISC.”

The compliance percentage of 284 referrals completed before end of shift (Item D.2) appears as 95%. NIJ explained that one case # ( 17-011) which was tracked in the P 78 table for compliance originated in the community at the multifamily center, and UEMNI did not gain knowledge of the allegation until February 24, 2017, and because it was a case reported outside facility, in the multifamily center it did not get into the digital system until February 27 at Bayamon where youth was housed.

| <b>E. OISC</b>  | <b>16-1st</b> | <b>16-2nd</b> | <b>16-3th</b> | <b>16-4th</b> |
|---|---------------|---------------|---------------|---------------|
| E.1 Cases Referred from this quarter                                | 22            | 27            | 19            | 16            |
| E.2 Received by OISC Within 24 hours                                | 21            | 26            | 19            | 15            |
| E.3 Completed by OISC Within 30 workdays                            | 20            | 26            | 18            | 16            |
| E.4 Complete during the next quarter, but within 30 days            | 1             | 0             | 0             | 0             |
| E.5 Cases Not Completed by OISC Within 30 days.                     | 1             | 1             | 1             | 0             |
| E.6 Percent of OISC cases completed within 30 days                  | 95%           | 95%           | 95%           | 100%          |
| E.7 Completed Cases Returned for Further investigation              | 0             | 2             | 1             | 0             |
| E.8 Percent of cases returned for further investigation             | 0%            | 8%            | 6%            | 0%            |
| E.9 Further Investigation Completed                                 | 0             | 0             | 2             | 0             |
| E.10 Cases this quarter incomplete, including further investigation | 0             | 3             | 2             | 0             |
| E.11 Percent of cases from this quarter not yet completed           | 0%            | 11%           | 11%           | 0%            |

The quality of investigations is assessed in the Case Assessment Table that follows in the next Appendix section.

The following table summarizes the decisions and actions taken in cases that do not involve criminal charges.

| <b>F. Administrative Determinations for 284 Cases</b> | <b>16-2nd</b> | <b>16-3th</b> | <b>16-4th</b> | <b>17-1st</b> |
|---|---------------|---------------|---------------|---------------|
| F.1 Cases with youth discipline referrals             | 16            | 16            | 14            | 10            |
| F.2 Cases with youth discipline actions               | 13            | 13            | 11            | 7             |
| F.3 Cases with youth no discipline actions            | 3             | 3             | 3             | 3             |
| F.4 Cases Staff/youth with determinations             | 21            | 22            | 5             | 20            |
| F.5 Cases recommending personnel actions              | 4             | 5             | 0             | 8             |

Because the some cases are still in process, administrative determinations and actions may be taken in the future. The table will be updated for each quarter in future Quarterly Reports.

Of the 21 cases (C.1) with referrals as 284-cases, 7 (F.2) were referred for disciplinary actions and 3 (F.3) were the subject to discipline actions for youth involved.

| <b>G. Prosecutorial Determinations for 284 Cases</b> | <b>16-2nd</b> | <b>16-3th</b> | <b>16-4th</b> | <b>17-1st</b> |
|--|---------------|---------------|---------------|---------------|
| G.1 Cases received by PRDOJ                          | 9             | 0             | 2             | 0             |
| G.2 Cases with decision not to prosecute             | 2             | 0             | 2             | 0             |
| G.3 Cases with referral for prosecution              | 1             | 0             | 0             | 0             |
| G.4 Cases pending determinations                     | 6             | 7             | 7             | 5             |

## Document Attachment F: Case Assessment Table April-June 2016

The Monitor's Office has developed an instrument to assess how abuse allegation cases are investigated and managed. This instrument is designed to assess whether a sample of cases meet the quality and timeliness criteria in the Settlement Agreement. It consists of six parts which are to be completed by different participating agencies in the investigation process.

The contents of the table were updated based on discussions following the May 2014 Monitor's Conference. The table is subject to further revision based on the experience of the parties and the Monitor's Office. It may also be adapted based on development of the road map for the Paragraph 78 provisions.

The six parts are:

- A. Initial Reporting and Investigation (completed by the facility where the incident is alleged to have taken place.
- B. Police and Prosecutorial Investigation (to be completed by the Puerto Rico Department of Justice in consultation and coordination with the Puerto Rico Police and the prosecutors within the Department of Justice.)
- C. Facility Investigation (to be completed by UEMNI)
- D. SAISC Investigation (to be completed by SAISC)
- E. Case Tracking and Outcomes (to be completed by the Puerto Rico Department of Justice.)
- F. Monitor's Office Assessment

For each item in the instrument, an answer of "Y" or "NA" (not applicable) is intended to mean that there was compliance or an absence of non-compliance with the requirements of the Settlement Agreement. An answer of "N" indicates that a substantive or timeliness criterion was not met.

As the instrument is fully implemented, sampling will be determined by the Monitor's Office and may vary from quarter to quarter as to the types of cases selected. The general approach is that at the end of each quarter, the Monitor's Office will provide a list of 25-50 cases for which the instrument is to be completed and transmitted to the Monitor's Office within one week of receipt of the list of cases. These cases will involve incidents that took place during the quarter previous to the most recent quarter. For example, for March-April-May, the cases will be selected from January-February-March. This will provide sufficient time for investigations to be completed and final determinations to be made.

**Note:** In each table, the numbers refer to number of "Y" cases that were rated as compliant with respect to the topic. Thus "20 of 21" means that 20 of the 21 cases were rated as complying with the provision requirement.

The first table relates to initial incident reporting.

| <b>Case Assessment Instrument – Section A – Initial Reporting</b>  |                      |   |
|--|----------------------|---|
| <b>Assessment Criterion</b>  | <b>Status Y/N/NA</b> | <b>Comment</b>  |
| A.1 Was the incident reported to the appropriate supervisor or designated person by the end of the shift during which the reporter became aware of the incident? | Y-22                 | The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 22 cases were evaluated to complete Section A. |
| A.2 Were appropriate administrative actions taken to protect the victim(s)?  | Y-22                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| A.3 If injury was suspected, was the victim promptly evaluated for injury by health care personnel?  | Y-21, N-1            | The percentage for this report is 95%. The percentage in the last report was 100%.  |
| A.4 If there was physical evidence, was the evidence documented and preserved?   | Y-4, N/A-18          | The percentage for this report is 100%. The percentage in the last report was 75%.<br><b>Improved Compliance</b>  |
| A.5: Was the incident correctly classified?  | Y-19, *N-3           | The percentage for this report is 86%. The percentage in the last report was 97%. *Cases reclassified, 16-111, 16-112, 16-113.                              |
| A.6 Was the 284 report forwarded to the Police Department, the Department of Family Services, and the Department of Corrections Administration within 24 hours?  | Y-22                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| A.7 If it was classified as a level 2 incident, was OISC notified within 24 hours?   | Y-21, *N/A-1         | The percentage for this report is 100%. The percentage in the last report was 100%. * Level I case 16-101.  |
| A.8 Were youths suspected as perpetrators separated from the victim(s)?  | Y-8, *N-1, N/A-13    | The percentage for this report is 89%. The percentage in the last report was 100%. *The case in noncompliance is 16-118.                                    |
| A.9 Did the 284 accurately list all youth and staff witnesses?   | Y-10, *N-1, N/A-11   | The percentage for this report is 91%. The percentage in the last report was 83%. *The case in noncompliance is 16-100.                                     |
| A.10 Did all staff witnesses complete an incident report before the end of shift?  | Y-22                 | The percentage for this report is 100%. The percentage in the last report was 100%. The Y responses include Level I cases.                                  |
| A.11 If there was timeliness non-compliance, was related to shortage of investigative or supervisory staffing?   | N-15, N/A-7          | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| A.12 At the location of the incident at the time of the incident, was staffing compliant with Settlement Agreement requirements?                                 | Y-20, *N-2           | The percentage in this report is 91%. The percentage in the last report was 97%. *Cases 16-106, 16-107.   |



| <b>Case Assessment Instrument – Section B – Police and Prosecutorial Investigation</b>  |                      |   |
|---|----------------------|---|
| <b>Assessment Criterion</b>   | <b>Status Y/N/NA</b> | <b>Comment</b>  |
| B.1 Was the 284 report received by the PRDP within 24 hours of the time recorded as the point of knowledge of the incident?   | Y-22                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| B.2 Did PRPD investigators determine that physical evidence, if any was appropriately preserved?  | N-20, N/A-2          | The percentage in the last report was 100%. NIJ-DCR facilities' staff is trained to preserve evidence if necessary but some cases do not require preserving evidence.   |
| B.3 If prosecutors communicated an intent to proceed criminally, and if NIJ was informed to delay any compelled interview of the subject until the criminal investigation was completed, did NIJ comply with the instruction? | * Y-1, N/A-21        | *Case 16-108.   |
| B.4 Were PRPD expectations met for timeliness in completing the investigation?  | Y-22                 | The information provided by the facilities was Y- (yes) in 100% of the cases, number that is unusually high. In this reporting period the Office of the Court Monitor did not have enough information to verify the data. |
| B.5 Was completion of the PRPD investigation documented?  | Y-21, N/A-1          | The PRPD conducts initial investigations in all Level II cases. The numbers answering this question were provided by NIJ-DCR, the Office of the Court Monitor did not have enough information to verify them.             |

| <b>Case Assessment Instrument – Section C – Facility Level I Investigation</b>                               |                      |   |
|--|----------------------|---|
| <b>Assessment Criterion</b>  | <b>Status Y/N/NA</b> | <b>Comment</b>  |
| C.1 If there were potential injuries, did the investigation include photographs of visible injuries?         | Y-2                  | The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 2 Level I cases were received and evaluated. |
| C.2 Was there a personal interview of the victim(s) with a record of the questions and answers?              | Y-2                  | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| C.3 Was there a personal interview of the alleged perpetrator(s) with a record of the questions and answers? | Y-2                  | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| C.4 Was physical evidence, if any, preserved and documented?   | N/A-2                | No comment.   |
| C.5. If the incident was classified as Level I, was the investigation completed within 20 calendar days?     | Y-2                  | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| C.6 Was the completion of the investigation documented in the tracking database?                             | Y-2                  | The percentage for this report is 100%. The percentage in the last report was 100%. NIJ-DCR already has an electronic database.                           |
| C.7 If there was timeliness non-compliance, was related to shortage of staffing?                             | N/A-2                | Because there were no such non-compliances there is no appropriate rating percentage.   |

| <b>Case Assessment Instrument – Section D – OISC Investigation</b>   |                      |   |
|--|----------------------|---|
| <b>NOTE: Completed only for Level II cases.</b>  |                      |   |
| <b>Assessment Criterion</b>  | <b>Status Y/N/NA</b> | <b>Comment</b>  |
| D.1 If the case was a Level II case, was the referral received by OISC within 24 hours?  | Y-20                 | The percentage for this report is 100 %. The percentage in the last report was 100%.  |
| D.2 Did OISC complete (and transmit to AIJ and the PRDOJ) an investigation within 30 calendar days of the receipt of the initial referral by OISC? | Y-17, *N-3           | The percentage for this report is 85%. The percentage in the last report was 96%. Cases 16-115 (extension requested), 16-113 (delayed), 16-104 (extension requested).   |
| D.3 Did the investigation meet OISC's standards for investigation quality?   | Y-20                 | The percentage for this report is 100%. The percentage in the last report was 100%. OISC has been using an investigation format developed by the Monitor's Office to uniform their investigations. This format was updated in October 2016. |
| D.4 Did the investigation provide a description of the alleged incident, including all involved persons and witnesses and their role?              | Y-20                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| D.5 Did the investigation provide a description and assessment of all relevant evidence?   | Y-20                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| D.6 Did the investigation provide proposed findings of fact?   | Y-20                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| D.7 If there was timeliness non-compliance, was it related to shortage of OISC staffing?   | N-20                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| D.8 DELETED  |                      |   |

| <b>Case Assessment Instrument – Section E – Case Tracking and Outcomes</b>  |                      |   |
|---|----------------------|---|
| <b>Note:</b> This section is to be completed by the official responsible for the Tracking Records required by Paragraph 78.h. The underlying facts may come from other offices and agencies, and the questions concern what is known and documented in the tracking records.  |                      |   |
| <b>Assessment Criterion</b>   | <b>Status Y/N/NA</b> | <b>Comment</b>  |
| E.1 At the time of the assessment of this case with this instrument, was the tracking database complete for this case?  | Y-20                 | The percentage for this report is 100%. The percentage in the last report was 100%. NIJ-DCR already has an electronic data base.  |
| E.2 Was the initial investigation (284) received at NIJ within 24 hours?  | Y-20                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| E.3 Was the Level 1 facility investigation completed within 20 days?  | Y-2                  | The percentage for this report is 100%. The percentage in the last report was 100%.   |
| E.4 If the incident was serious (involving allegations of: abuse; neglect; excessive use of force; death; mistreatment; staff-on-juvenile assaults; injury requiring treatment by a licensed medical practitioner; sexual misconduct; exploitation of a juvenile's property; and commission of a felony by a staff person or juvenile) do the tracking records document that OISC was notified and the case referred within 24 hours? | Y-20                 | The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 20 Level II cases were received for evaluation.  |
| <b>E.5 DELETED</b>  |                      |   |
| E.6 Did NIJ reached an administrative determination concerning the case which is documented in the tracking records?  | Y-22                 | The percentage for this report is 100%. The percentage in the last report was 100%. Administrative determinations are taken through the process at facility level and at DCR central offices if applicable. The data base system only documents Level II cases however all incidents are investigated and documented. |
| E.7 If the case was a Level 2 case, do the tracking records document review by PRDOJ prosecutors leading to a prosecutorial determination as to whether to prosecute or not?  | N-20                 | Prosecutors use to base their determination on the investigations conducted by the PRPD not on OISC or NIJ investigations. However, DCR investigations are always available and in some cases also considered by the prosecutors.   |
| E.8 If there was timeliness non-compliance, was it related to shortage of staffing?   | N-22                 | The percentage for this report is 100%. The percentage in the last report was 100%.   |

| <b>Case Assessment Instrument – Section F – Monitor’s Office Assessment</b>              |                      |   |
|--|----------------------|---|
| <b>Assessment Criterion</b>  | <b>Status Y/N/NA</b> | <b>Comment</b>  |
| F.1 Does the Monitor’s Office confirms the timeliness facts as asserted in Page A?       | Y-22                 | The percentage in this report is 100%. The percentage in the last report was 100%. In this reporting period 22 cases in section A were received and evaluated.  |
| F.2 Does the Monitor’s Office confirms the timeliness facts as asserted in Page B?       | Y-22                 | The percentage in this report is 100%. The percentage in the last report was 100%.  |
| F.3 Does the Monitor’s Office confirms the timeliness facts as asserted in Page C?       | Y-2                  | The percentage in this report is 100%. The percentage in the last report was 100%. Every incident is investigated but Level I cases are investigated at facility level.<br>In this reporting period 2 Level I cases were evaluated.   |
| F.4 Does the Monitor’s Office confirms the timeliness facts as asserted in Page D?       | Y-20                 | The percentage in this reporting period is 100%. The percentage in the last report was 96%. In this period 20 Level II cases were evaluated.  |
| F.5 Does the Monitor’s Office confirms the timeliness facts as asserted in Page E?       | Y-22                 | The percentage in this report is 100% and confirms timeless facts in section E. The percentage in the last report was 100%.   |
| F.6 Does the Monitor's Office confirms the investigation quality as asserted in page B?  | –                    | The Monitor Office cannot evaluate the quality of PRPD investigations without additional information.   |
| F.7 Does the Monitor's Office confirms the investigation quality as asserted in page C?  | –                    | The Monitor Office cannot evaluate the quality of facilities’ investigations without additional information.  |
| F.8 Does the Monitor's Office confirmed the investigation quality as asserted in page D? | –                    | The Monitor Office cannot evaluate the quality of OISC investigations without additional information. Monitor office has received a couple of investigations completed following new guidelines suggested by consultant David Bogard. |

## Document Attachment G: Consultant Report on Mental Health

**Office of the Monitor  
Mental Health Quarterly Report  
First Quarter 2017  
Miriam Martinez, PhD  
Mental Health Consultant  
USA CPR Monitoring Inc.**

The Mental Health Monitor has conducted site visits to all four NIJ facilities during the month of February and most recently in April due to significant Mental Health Service delivery changes that occurred in March of 2017.

On February 21, 2017 Dr. Martinez interviewed youth in Ponce and Villalba and spoke to the Directors and select staff (social workers, security officers, Program Director of PUERTAS) of both institutions. On February 22, Dr. Martinez interviewed youth in Humacao and Bayamon and spoke with the Directors and select staff (social workers and security officers) of both institutions. In all 4 sites, Dr. Martinez spoke to the mental health personnel that was available in order to obtain information regarding type and scope of services as well as to assess whether the staffing was adequate to meet the full needs of the youth.

During the site visit in February, most concerning was the increase in psychiatric acuity of youth in PUERTAS with the majority of youth having histories of suicide attempts, gestures, cutting and with two also having psychotic process. The most acute youth included #4762, #5200, #4353, #4268, and #3926. Youth #5200 had active suicidal ideation but did not receive a psychiatric evaluation, and his treatment was not comporting with accepted professional standards, as required by Settlement Agreement paragraph 63. In addition, one of the youth with the IQ of 54 #3884 that Dr. Martinez indicated was of grave concern during her visit in November was placed in Protective Custody which means NIJ restricts him to his room for most waking hours (up to 23), with little to no interaction with other youth and staff. Youth #3884 was not accepting psychiatric, psychological and other services and he apparently had been the subject of the majority of use of force incidents in Ponce. In addition, in Ponce it was reported by the Director and the Psychologist that they did not have a psychiatrist present in Ponce and that youth were being psychiatrically covered by either transporting youth over 17.5 years of age to ASSMCA or by transporting youth to Dr. De Los Santos in Humacao or Bayamon if medications were expiring. They reported that they had no occupational therapist, nor substance abuse counselor and only one social worker and one psychologist for PUERTAS.

Due to there being a lack of a psychiatrist treating youth on site at Ponce and PUERTAS, the DCR was not employing or contracting with sufficient psychiatrists under Consent Order paragraph 36. Mental health treatment at PUERTAS was not meeting generally accepted standards, as required by Consent Order paragraph 29, because of the absence of the psychiatrist and occupational therapist, and the insufficient psychologist hours.

Villalba, likewise, had no psychiatrist treating youth on-site in February. During the site visit of February 2017 the Mental Health Monitor expressed strong concern that there was only one Child and Adolescent Psychiatrist responsible for the male youth population at DCR. Once psychiatrist, even at 8 hours per week per facility, cannot provide continuous treatment for the

current population of NIJ facilities, as required by Consent Order paragraph 36. Dr. Caballero resigned leaving only Dr. De Los Santos to care for the youth. Dr. De Los Santos reported at this time that he had requested more hours in order to cover the other sites, however he had not received a response to having the hours increased. These would have been the same hours that Dr. Caballero had been working. Therefore, Dr. De Los Santos was not able to adequately treat the youth in Ponce, PUERTAS and Villalba.

Upon completion of the site visits, Dr. Martinez requested a meeting with the Mental Health Functional team. The meeting was held with Taraneh Ferdman, Maria del Carmen, and Nisette Soto Rodriguez. During this exit meeting, Dr. Martinez expressed her extreme concern for

- the lack of psychiatric coverage, care and overall mental health services.
- the fact that although a psychiatrist was willing to cover the hours in Ponce and Villalba, his hours were not being increased to do so
- specifically 3 youth in PUERTAS #3884 (IQ of 54), #4762 psychotic and # 5200 who has command auditory hallucinations to hurt himself and others
- the lack of mental health staffing that is needed in order to attend multi-disciplinary meetings, case planning meetings/conferences and to provide basic therapeutic services

On March 14, 2017 the Mental Health Monitor was contacted by a DCR contracted Mental Health staff member who stated that the Mental Health contracts for all Psychologists, Psychiatrists and Substance Abuse Counselors were being terminated effective March 31, 2017. The Mental Health Monitor, Dr. Martinez immediately communicated with DCR leadership to inquire about the abrupt changes. A series of questions were posed to DCR which included questions about the decision to contract out with a company, questions about a transition plan and questions about the safety of high risk youth including #5200. Once it was confirmed that the decision had been made to use a for profit company to deliver mental health services, including psychiatric, Dr. Martinez also requested information regarding the company, training of staff to be hired, psychiatric coverage and other questions related to the health and well-being of the youth.

Dr. Martinez was left without a response to whether there was a transition plan. Several DCR Mental Health providers contacted Dr. Martinez during the time between March 14 and March 31<sup>st</sup> when the contracts were due to end. Very little information of any substance was provided despite almost daily emails between March 14<sup>th</sup> and March 31, 2017. The emails Dr. Martinez sent also included concerns for the ability of the new for profit contractor to deliver the specialized mental health services for incarcerated youth as it appeared to be a company most experienced with providing educational services.

On March 15, 2017 due to the Mental Health Monitor's concern, Javier Burgos, Deputy Monitor visited PUERTAS and interviewed #5200 and confirmed that the he was "hearing voices" telling him to hurt another person. The youth #5200 also stated that he could not remember the last time he saw a mental health provider (psychiatrist or psychologist). Mr. Burgos also confirmed by interviewing staff that there appeared to be no transition plan or knowledge about the details of what would happen on April 1, 2017 with respect to the delivery of Mental Health Services. As per noted above, concerns continued to be communicated regarding this minor to DCR.

On March 31<sup>st</sup> Dr. Martinez learned via remote electronic access to records that a youth was on constant watch yet there was not a psychiatrist that was evaluating or treating this minor. On

April 6, Mr. Burgos spoke to three youth in PUERTAS, two of which had serious psychiatric symptoms with concerns over their medications - one with possible serious side effects to the medication. Mr. Burgos also confirmed that the youth were being shuttled to see Dr. De Los Santos when their medications were due to be renewed.

During the first week in April Dr. Martinez learned that some of the previous mental health providers were signing contracts with the new company. The hours were reportedly significantly cut as was the salary. In addition, the Psychiatrist did not sign a contract until the 5<sup>th</sup> of April leaving the facilities uncovered by a child and adolescent psychiatrist between April 1 and April 6, 2017. Of note, the Psychiatry hours were already depleted and per previous reports, the Mental Health Monitor recommended taking measures to retain psychiatrists, recruit another and increase hours overall. With one psychiatrist resigning, and only one left (Dr. De Los Santos) to see the male population, decreasing those hours have left the population at risk with subpar psychiatric services. In addition, the Mental Health Monitor finds DCR to be out of compliance with the stipulations of the agreement (see compliance ratings filed for this quarter).

On April 19 Dr. Martinez provided site visits to Ponce and Villalba interviewing youth and leadership staff. On April 20<sup>th</sup> Dr. Martinez provided site visits to Bayamon and Humacao interviewing youth and leadership staff. In Ponce, Dr. Martinez spoke to a Special Education teacher who reported that #3884 has refused schooling since he came to the institution and that furthermore, she recently received audiological exam results indicating that his ears were impacted with wax and that a full audiological exam was needed to determine whether he had significant hearing problems. Dr. Martinez asked to speak to the nurse who confirmed that a full physical exam was performed when he entered the institution. Given that #3884 who is significantly cognitively delayed is responsible for over 75% of the use of force incidents recently reported in Ponce, it was imperative to again impress upon the staff the importance of getting this young man properly evaluated, treated and participating fully in programs and/or appeal the decision to keep him in the facilities vs. in the community given his very low cognitive capacity and concomitant difficulty in socialization/ reading social cues from peers and staff.

Overall April 2017 site visits revealed a lack of psychiatric services available to the youth placing them at risk for decompensation. Mental Health and other staff confirmed a lack of transition plan and a lack of including relevant treating clinicians in a process to determine actual need for the youth before, during and after signing with a for profit company. Mental Health staff reported a significant cut in hours, cut in pay with new processes in place which potentially hinder the ability for the mental health staff to directly respond in a crisis, to collaborate with colleagues on treatment and stabilization of youth who have had serious psychiatric symptoms including suicide attempts and cutting. Dr. De Los Santos confirmed that he was not employed by the new company until April 5<sup>th</sup> delivering services for all facilities as best that he could until the 15<sup>th</sup> when he stopped covering for Ponce (including PUERTAS) and Villalba. He acknowledged that there isn't the time to speak with the psychologists for treatment planning purposes and Dr. De Los Santos confirmed that processes have been changed making it more difficult to respond to a psychiatric emergency. Dr. De Los Santos also reported that he is on call 365 days a year, 7 days/week which is not sustainable.

There is currently no psychiatrist treating youth on site at Ponce, PUERTAS nor Villalba in violation of Consent Order paragraphs 29 and 36. The mental health staff that Dr. Martinez was



able to speak with report uncertainty with continuing in their positions due to a lack of communication, process, transparency, transition plan, having to request “authorization” to respond even in an emergency and due to the cut in hours and pay. The psychiatrist and psychologists and including PUERTAS mental health staff, report a lack of adequate time to see patients, run groups, write notes, read patient documentation, collaborate/consult with colleagues, attend multidisciplinary case planning meetings nor committee meetings where decisions are made (i.e. entrance into PUERTAS program). These are core mental health care tasks. The minimal hours that have been given are hours that are also counted if they are “on the clock” during an emergency/crisis. The experienced Mental Health providers are at risk of leaving due to the situation being untenable and due to the youth remaining at risk without the treatment many so desperately need.

Dr. Martinez together with members from the DOJ team (attorneys and the child/adolescent psychiatrist) met with the leadership including Alex Torres Guzman, DCR Deputy Secretary in charge of programs and Maria del Carmen Torres Melendez, Directora Estipulaciones Federales on April 20, 2017. For most of the beginning of the meeting members of the new contracted company were also present. This meeting served as a vehicle to express what had been a good working relationship between DCR and the Mental Health Monitor in the past and the hope to renew this relationship to forge forward with needed changes. The Mental Health monitor expressed deep concerns for the lack of communication, mental health compliance, the risk of the youth and the concern for the well-being of the youth and appropriate standard of care service delivery. The Mental Health Monitor also reported to the group that there was an imminent risk of losing staff due to demoralization and implored Mr. Torres to review decisions made to make sure that we would move immediately into a path of securing enough psychiatric and other mental health services for the youth.

In sum, the Mental Health Monitor finds DCR to be out of compliance with the stipulations of the agreement with respect to mental health service delivery. I welcome DCR filing an action plan to address the severe concerns listed above.

Miriam Martinez, PhD

## Document Attachment H: Consultant Report on Facilities

Consultant Report on Facilities  
Curtiss Pulitzer, AIA

Continued significant progress is also being made in achieving compliance with all the remaining life safety and physical plant provisions that I monitor. In mid-April, the monitor's office made a site visit to all the facilities to assess compliance with the emergency key provisions and found nearly 100% compliance with the provision's requirements. We see the same level of compliance with emergency doors being fully operational and being well maintained, with thorough documentation of the weekly inspections of their performance. The last piece of compliance, namely the appropriate and effective training of all direct care staff in understanding how to maintain and provide for life safety at all the facilities is now on-going. Accordingly, I have been working with my DCR functional team under Taraneh Ferdman's leadership, to develop the information to allow me to target this summer as a timeframe for development of a compliance memorandum to be submitted for SA 34 and SA 35 and for SA 37 during the last quarter of 2017. SA 31, is still a longer term goal although a process for documentation has been developed.

I want to commend Pedro Santiago, the DCR Fire Safety Officer and Luis Ortiz, the DCR Physical Plant Manager for their diligence, hard work and devotion to helping maintain the continued life safety and greatly improved condition of the physical plants of the four juvenile facilities within DCR. The goal of achieving full compliance with those remaining provisions of the Settlement Agreement that I monitor is now within reach.

In addition, the fire safety coordinators and physical plant supervisors at each facility must be commended for their day to day contributions to this effort. Last but not least, are the work of the brigados, who rotate among the four facilities every month and under Luis's direction are constantly addressing major physical plant repairs in a timely manner.

All of this is being accomplished within the dire financial budget constraints of the government in Puerto Rico which makes their accomplishments even more remarkable. The proof of their hard work has most recently been demonstrated with the successful termination of two provisions of the Settlement Agreement that I have been reporting on for many years. Most importantly, the processes that have been put in place over the years through a joint effort on the part of the Monitor's Office and DCR, have achieved a level of sustainability of improved conditions that I continue to witness on each site visit. For example, the excellent maintenance of plumbing fixtures, which was part of the now terminated CO 41 continues, where during my last site visit I found only one fixture out of service in all four facilities and that fixture was being repaired while I was at the facility.

To summarize, the multi-layered system of repairs, inspections and documentation that the monitor's office has helped guide over these many years has achieved positive results that will not only allow compliance with the Settlement Agreement provisions I monitor, but will hopefully remain a part of everyday operations and practice once the remaining provisions are terminated.

## Document Attachment I: Site Visit Chronology

The Monitor's Office has conducted site visits to several facilities in order to assess conditions and operations, and to inform the process of developing monitoring protocols and in developing recommendations for improvements where needed. In addition, Deputy Monitor Javier Burgos continues to make site visits to follow up the joint monitoring process and to assess conditions that may formally or informally come to their attention. The following is a list of the site visits conducted with participation by officials of the Monitor's Office.

|                |  |
|----------------|--|
| Jan. 12, 2017: | Deputy Monitor Javier Burgos visited CTS Humacao.  |
| Jan. 17, 2017: | Consultant Víctor Herbert visited CTS Ponce.   |
| Jan. 17, 2017: | Consultant Víctor Herbert visited CTS Villalba.  |
| Jan. 19, 2017: | Consultant Víctor Herbert visited CTS Humacao.   |
| Jan. 20, 2017: | Consultant Víctor Herbert visited CD/CTS Bayamón.  |
| Jan. 26, 2017: | Deputy Monitor Javier Burgos visited CD/CTS Bayamón.   |
| Jan. 31, 2017: | Deputy Monitor Javier Burgos visited CTS Ponce.  |
| Feb. 6, 2017:  | Deputy Monitor Javier Burgos visited CTS Ponce.  |
| Feb. 21, 2017: | Consultants Robert Dugan, David Bogard, Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Ponce.      |
| Feb. 21, 2017: | Consultants David Bogard, Bob Dugan, Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Villalba.      |
| Feb. 22, 2017: | Consultants Robert Dugan, David Bogard, Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Humacao.    |
| Feb. 22, 2017: | Consultants Robert Dugan, David Bogard, Miriam Martínez and Deputy Monitor Javier Burgos visited CD/CTS Bayamón. |
| Mar. 15, 2017: | Deputy Monitor Javier Burgos visited CTS Ponce.  |
| Mar. 24, 2017: | Deputy Monitor Javier Burgos visited CD/CTS Bayamón.   |
| Mar. 28, 2017: | Consultant Víctor Herbert visited CTS Villalba.  |
| Mar. 30, 2017: | Consultant Víctor Herbert visited CTS Humacao.   |
| Mar. 31, 2017: | Consultant Víctor Herbert visited CTS Ponce.   |

Mar. 31, 2017:

Deputy Monitor Javier Burgos visited CTS Humacao.

**THE UNITED STATES OF AMERICA**

Plaintiff,

v.

CIVIL ACTION NO. 94-2080 CC

**COMMONWEALTH OF PUERTO RICO**

Defendants,

Monitor's Compliance Ratings  
First Quarter 2017

| Provision   | P  | S | R | T | D | G | Comment |
|---|--|---|---|---|---|---|---------|
| <b>Compliance Category and Rating Definitions</b> |  |   |   |   |   |   |         |
| <b>Compliance Category P</b>                      | This category concerns <u>Policy Compliance</u> as required by Settlement Agreement paragraph 45. "Y" means that there are sufficient written policies and procedures in place so that, if they were implemented, compliance would be achieved. A "Y" also means that there are no policies and procedures in place that are inconsistent with the provision.                              |   |   |   |   |   |         |
| <b>Compliance Category S</b>                      | This category concerns <u>Staffing Compliance</u> as required by Settlement Agreement paragraph 48. "Y" means that there are sufficient authorized and filled positions so that compliance could be achieved. Temporary vacancies are acceptable, provided that functional coverage is provided while the position is vacant, and the process of replacing the employee proceeds promptly. |   |   |   |   |   |         |
| <b>Compliance Category R</b>                      | This category concerns <u>Resource Compliance</u> as required by Consent Order paragraph 44. "Y" means that there are sufficient funds, equipment and supplies and space that compliance can be achieved.  |   |   |   |   |   |         |
| <b>Compliance Category T</b>                      | This category concerns <u>Training Compliance</u> as required by Settlement Agreement paragraph 45. "Y" means that the necessary training has been provided, and that the training informs the employees as to how to implement the provision involved.  |   |   |   |   |   |         |
| <b>Compliance Category D</b>                      | This category concerns <u>Documentation Compliance</u> as required by Settlement Agreement paragraph 101. "Y" means that there is procedures and forms in place and in use to document whether compliance is being achieved or not. A "Y" can be assigned when the documentation accurately shows non-compliance.  |   |   |   |   |   |         |
| <b>Compliance Category G</b>                      | This category concerns <u>General Compliance</u> - the overall achievement of compliance with the provision involved.  |   |   |   |   |   |         |
| <b>Compliance Rating Definitions</b>              | "Y" means that compliance is achieved. "N" means that compliance is not yet achieved. "#" means that the Monitor has not determined whether compliance has been achieved or not. "I" means that the category is inapplicable to the provision involved.  |   |   |   |   |   |         |

| Provision  | P | S | R | T | D | G | Comment  |
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| <b>Facility Provisions</b>   |   |   |   |   |   |   |  |
| <del>C.O. 41: Within ninety (90) days of the filing of this Consent Order, Defendants shall repair all defective plumbing in the facilities in this case. The defective plumbing shall be repaired first at Mayaguez, Ponce Industrial, Ponce Detention and Humacao.</del>   | Y | Y | Y | I | Y | Y | This provision was terminated by the Court on March 30, 2017.  |
| <del>S.A. 29. Each new facility shall be built in accordance with: (1) the American Correctional Association's (hereinafter "ACA") standards in effect at the time of the construction; (2) the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 and 47 U.S.C. §§ 225 and 611, and the regulations thereunder; and (3) all Commonwealth fire codes and regulations.</del> | Y | I | I | I | Y | Y | This provision was terminated by the Court on March 30, 2017.  |
| S.A.31. Existing facilities expected to be occupied by juveniles beyond Fiscal Year 1996-1997 shall conform to applicable federal, state and/or local building codes.  | Y | N | N | N | N | N | There are still life and fire safety code and ADA violations that have not been remedied to date. DCR has not allocated sufficient resources to support compliance with this provision nor is there documentation at this juncture to support a pathway to compliance. The Monitor's office and the functional team have, however, discussed a potential Roadmap for compliance with this provision, including utilizing the checklists developed for SA 29 as a foundation for further evaluation. We also met in March with a new team of engineers who are consultants to DCR who are to develop a strategy that may pave the way for a roadmap for eventual compliance with this provision. The monitor was informed that DCR has reviewed existing drawings and the documentation developed for SA 29 as well as toured one of the existing facilities. They have also presented the Monitor's Office with a preliminary listing of codes for compliance analysis. This list is presently under review by the Monitor's office. |

| Provision  | P | S | R | T | D | G | Comment  |
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| <p><b>S.A. 34.</b> In order to properly equip and swiftly evacuate the facilities in the event of a fire or other emergency, in each facility, Defendants shall provide sufficient staff with appropriate keys to unlock exit doors in all buildings occupied by juveniles. The keys shall be color coded and notched or otherwise readily identifiable. Defendants shall also store a backup set of emergency keys at a place accessible at all times to staff on duty on all shifts.</p> | N | # | # | # | # | N | <p>The DCR Fire Safety Officer has revised the procedures for emergency key control based on the review by the monitor's office. Future on-site visits will determine if further revisions are necessary.</p> <p>Presently, Humacao is still testing if current staffing are sufficient to manually unlock housing room doors in compliance with current life safety codes. The Monitor's Consultant has reviewed the weekly documentation and evacuation simulation data which indicates that housing units can be safely evacuated in less than two minutes per the life safety code. In addition, DCR is developing new documentation that shows sufficient staff with proper communication capabilities are always working in the Mini Housing Control stations on all shifts to operate the control panels to remotely unlock all exit doors in Humacao, Villalba, Ponce and CD Bayamon. Furthermore, sufficient staff must be documented to ensure swift evacuation from all occupied spaces within each facility.</p> <p>DCR has completed the initial process to properly color code and notch emergency keys and also to store them in accessible secure locations for staff access on all shifts. Monitor's consultants continue to work with the parties to identify necessary compliance d for a compliance memorandum..</p> <p>The Monitor's Consultants submitted a report in the third quarter based on the tours completed earlier in 2016. Since the time of the tours that generated the report, DCR has been very responsive in correcting many of the issues noted in the report. The Monitor's Consultant has spot checked some of the corrections on subsequent site visits and has seen improvements. DCR submitted a document that described all these corrections as well as a few final updates of the emergency key procedures and the Monitor's office has reviewed the documentation and is satisfied with what has been submitted. Accordingly, the Monitor's Consultant will conduct a compliance tour to determine full compliance in the second quarter of 2017. Once all the other documents required for compliance with this provision, such as the training of staff, which is presently proceeding, are submitted to the Monitor's Consultant, a Compliance Memorandum will be drafted.</p> <p>The current relevant policies are conceptually acceptable, but need operational specifics to assure compliant implementation.</p> |



| Provision  | P | S | R | T | D | G | Comment  |
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| <p><b>S.A. 35.</b> Defendants agree that designated exit doors in all facilities will be maintained in operable condition and shall be readily unlocked in case of an emergency.</p> | N | # | # | # | Y | N | <p>DCR has vastly improved its ability to maintain operable exit doors from living units that can be readily unlocked in emergency situations.</p> <p>DCR is now documenting on a weekly basis its monitoring and inspections made by the fire safety officers at each facility documenting that all exit doors are maintained in operable condition and can be readily unlocked. The process for documentation has been agreed to with the Monitor and Functional team and documentation began in August 2014. The Monitor's office has observed this documentation being utilized at all the facilities and in practice and is satisfied with the progress of compliance. The monitor is also waiting for additional training curriculum documentation. A draft Roadmap for this provision was completed in consultation with the Functional Team and was presented to USA for comments. The Monitor's Office received those comments and also shared them with the functional team members. In the most recent quarterly site visits to the four facilities, there were no issues observed in spot checking emergency exit doors in the housing units. In addition, the Monitors' Office reviewed the most recent quarterly inspection reports and found them to be complete and demonstrated compliance with this stipulation.</p> <p>In addition to all the weekly reports, DCR is currently developing summary spread sheets of all the exit door tests showing the data in summary form for the period September 2015 through June 2017, when completed. Additional documentation on training is pending.</p> <p>Once all the other documents required for compliance with this provision, such as the training of staff, which is presently proceeding, are submitted to the Monitor's Consultant, a Compliance Memorandum will be drafted.</p> <p>The current relevant policies are conceptually acceptable, but need operational specifics to assure compliant implementation; this will be determined as part of the roadmap process.</p> |

| Provision   | P | S | R | T | D | G | Comment  |
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| <p><b>S.A. 37.</b> AIJ policy shall ensure safety for juveniles and staff by requiring compliance with fire safety code requirements. Specific emergency plans shall be developed and copies made available to staff members. There shall be ongoing training programs and emergency procedures shall be reviewed and updated annually.</p> | Y | N | Y | # | # | N | <p>DCR has submitted a draft of the new lesson plans and training compliance. The training using the new curriculum has begun. The Monitor and Functional Team have agreed to focus primarily on the training curriculum and number of staff trained in 2016 and 2017 as these time-frames are more pertinent to determine compliance with this provision.</p> <p>DCR has supplied documentation that emergency procedures are reviewed and updated annually. Documentation has also been provided showing that copies of the emergency plans are available to staff at all facilities.</p> <p>A Final Roadmap for this provision has been agreed to by DCR and USA. The Monitor's consultants continue to work with the parties to assemble the necessary compliance documentation expectations for the Roadmap. The Monitor's Office is waiting for the updated training data and documentation to support compliance with this provision.</p> |

| Provision   | P | S | R | T | D | G | Comment  |
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| <b>Policies and Procedures</b>  |   |   |   |   |   |   |  |
| <p><b>S.A. 45.</b> Within one year of the approval of this agreement by the Court, Defendants agree to provide an agency policy and procedure manual governing all operational aspects of the institutions. Within eighteen months of the approval of this agreement by the Court, Defendants shall further insure that the facilities are strictly operated within these policies and procedures and that all staff have been trained accordingly.</p> | Y | I | I | # | # | N | <p>The Monitor agrees that the agency maintains a policy and procedure manual as required by this provision, although whether it governs all aspects of running the facilities as required has not yet been confirmed. Moreover, in the rest of this table, policies and procedures are rated as a compliance problem for many of the provisions in this case. See the compliance rating in Column T, which identifies when a training deficiency is a factor in compliance. While having developed and routinely updated a manual is a factor in compliance, the provision also clearly requires that the facilities be strictly operated within these policies and this implementation requirement's scope and accuracy have not yet been established.</p> |

| Provision  | P | S | R | T | D | G | Comment   |
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| <b>Staffing</b>  |   |   |   |   |   |   |   |
| <p><b>S.A. 48.</b> Defendants shall ensure that the facilities have sufficient direct care staff to implement all terms of this agreement. Direct care staff supervise and participate in recreational, leisure and treatment activities with the juveniles. Compliance can be demonstrated in either of two ways.</p> <p><u>48.a Method one:</u> Defendants may provide documentation of consistent supervision by not less than one (1) direct care worker to eight (8) juveniles during day and evening shifts and not less than one (1) direct care worker to sixteen(16) juveniles during normal sleeping hours.</p> <p><u>48.b Method Two:</u> Defendants may develop, and submit to the court for approval, an alternate staffing roster for any facility in this case. The roster shall be based on a study that shall specify fixed posts and the assignment necessary to implement the terms of this agreement, taking into consideration the physical configuration and function of spaces, the classification and risk profiles of youths involved, the incident patterns in the settings involved, the routine availability in the settings of other categories of staff, and the overall number of direct care positions necessary to consistently achieve the coverage proposed. Once a plan is approved for a facility, defendants shall document the employment of the necessary overall numbers of direct care staff, and the ongoing deployment of such staff in accordance with the plan.”</p> | N | N | N | N | Y | N | <p>The Commonwealth has the choice to demonstrate compliance according to method 48.a or 48.b. They have informed the Monitor that they do not intend to select method 48.b and that their legal position is that this language should be struck from the Settlement Agreement as superfluous. The Monitor agrees.</p> <p>For the First Quarter of 2017, all of the facilities submitted the staffing youth ratio reports requested.</p> <p>6:00 am- 2:00 pm shift: 89% of events, a 2% increase since Fourth Quarter reporting period<br/>2:00 pm- 10:00 pm shift: 87% of events, a 7% increase since Fourth Quarter reporting period<br/>10:00 pm- 6:00 am shift: 100% of events, a 0% increase since Fourth Quarter reporting period</p> <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>While compliance with the terms of this provision is not likely for some time, Monitor’s consultants are working with the parties to identify necessary compliance documentation expectations for compliance.</p> |
| <p><b>January 2009 Stipulation Paragraph 1:</b> All necessary steps shall be taken immediately to ensure the reasonable safety of youth by providing adequate supervision of youth in all facilities operated by, or on behalf of, the Defendants.</p>   | Y | N | N | N | N | N | <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p>  |

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| <p><b>January 2009 Stipulation Paragraph 2:</b> All necessary steps shall be taken to provide sufficient direct care staff to implement the Consent Decree and adequately supervise youth, pursuant to Paragraph 48.</p>   | N | N | N | N | N | N | <p>The requirement that 50 YSOs be hired each month was terminated by the Court on September 13, 2011 (Docket 991)</p> <p>No new YSOs were hired during the First Quarter of 2017.</p>  |
| <p><b>January 2009 Stipulation Paragraph 3:</b> Defendants will include as direct care staff all social workers assigned to its institutions, once such staff receive forty (40) hours of pre-service training, <del>pursuant to Paragraph 49 of the Consent Decree</del>. The same shall also receive annual training as direct care staff, pursuant to Paragraph 50 of the Consent Decree.</p>   | # | # | # | # | # | # | <p>The Commonwealth has decided not to employ this provision to enhance coverage. However, the provision remains as a future option. Unless and until the Commonwealth determines that they want to apply this provision, the Monitor's Office will not Monitor the provision. The choice to not implement this provision is not non-compliance. The <del>struck</del> part of the provision references a provision that has been terminated.</p> |
| <p><b>January 2009 Stipulation Paragraph 4:</b> All persons hired to comply with Paragraph 48 shall be sufficiently trained, <del>pursuant to Paragraph 49 of the Consent Decree</del>, before being deployed. Defendants shall deploy all duly trained direct care staff, <del>pursuant to Paragraph 49</del>, to juvenile facilities in a timely manner.</p>   | # | # | # | # | # | # | <p>The phrases in this provision that refer to Paragraph 49 are struck because that provision has been terminated.</p>  |
| <p><b>January 2009 Stipulation Paragraph 5:</b> On the fifth day of every thirty-day period commensurate with the Order approving this Stipulation, Defendants shall submit a report to the Monitor and the United States providing the following: a. the number of current direct care staff, by position classification, at each facility; b. the number of qualified direct care staff hired during the previous period; c. the number of hired direct care staff in the previous period who were hired <del>and have received pre-service training, pursuant to Paragraph 49</del>; and d. the juvenile facilities where the direct care staff who were hired in the previous quarter <del>and have received pre-service training, pursuant to Paragraph 49</del>, have been deployed or assigned.</p> | N | N | N | N | N | N | <p>The <del>struck</del> part of the provision references a provision that has been terminated.</p> <p>The report was not provided during the First Quarter of 2017, nor has it been provided by the Commonwealth since the initiation of the stipulation</p>   |

| Provision  | P | S | R | T | D | G | Comment  |
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| <b>Training</b>  |   |   |   |   |   |   |  |
| <p><b>S.A. 50.</b> Defendants shall ensure that current and new facility direct care staff are sufficiently well-trained to implement the terms of this agreement. Each direct care staff, whether current or new, shall receive at least forty (40) hours of training per year by qualified personnel to include, but not be limited to, the following areas: CPR (cardiopulmonary resuscitation); recognition of and interaction with suicidal and/or self-mutilating juveniles; recognition of the symptoms of drug withdrawal; administering medicine; recognizing the side-effects of medications commonly administered at the facility; HIV related issues; use-of-force regulations; strategies to manage juveniles' inappropriate conduct; counseling techniques and communication skills; use of positive reinforcement and praise; and fire prevention and emergency procedures, including the fire evacuation plan, the use of keys, and the use of fire extinguishers.</p> | Y | N | N | N | N | N | <p><u>Compliance tables documenting training within the agency as required in this stipulation have not been submitted to the Monitor since 2011, despite repeated requests.</u></p> <p>During the 1<sup>st</sup> quarter 2017 DCR FT meeting the IDECAHR director and FT members agreed to model a compliance plan for this stipulation. The timeline will extend from July 2016 to the end of December 2017 and will achieve a 90% or higher compliance threshold for all components of the training offered to active direct contact security staff. IDECAHR stated that they have already achieved 100% compliance for CPR and are on track to do so with other training categories. During site visits for this quarter, the monitor's consultant observe sessions in suicide prevention (the 3 hour curriculum), use of force regulations and the use of keys and fire evacuation procedures. A site visit report was submitted to all parties in March 2017. This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. A review of the training sessions during the quarter revealed that PREA training is being offered within the institutions.</p> |
| <b>Classification</b>  |   |   |   |   |   |   |  |

| Provision   | P | S | R | T | D | G | Comment   |
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| <p><b>S.A. 52.</b> At both the detention phase and following commitment, Defendants shall establish objective methods to ensure that juveniles are classified and placed in the least restrictive placement possible, consistent with public safety. Defendants shall validate objective methods within one year of their initial use and once a year thereafter and revise, if necessary, according to the findings of the validation process.</p> | Y | Y | # | Y | N | N | <p>DCR, with the support of consultants, has conducted a validation study of the classification process for detention and committed and detention youth.</p> <p>DCR has conducted a classification validation study on committed and detention youth. The validation study was assessed for agency impact, piloted and was implemented in June 2016. An Administrative Order describing implementation of the Instruments of Classification in Custody and Instruments of Classification in Detention has been trained and operationalized</p> <p>Documentation has been provided for the classification of youth for detention, as well as for committed youth, for the months of the First Quarter 2017.</p> <p>For the First Quarter, there were 147 detention admissions of which 75% (110) were classified as low; 19% (28) were classified as moderate; 0% (0) was classified as severe, and 4% (6) as NA..</p> <p>For the First Quarter, there were 18 committed youth institutional assignments based on the Instruments of Classification in Custody:<br/> CTS Humacao (Treatment Level 5: 1 youth);<br/> CTS Villalba (Treatment Level 4: 4 youth);<br/> CTS Ponce (Treatment Level 2: 1 youth)<br/> CTS Ponce (Treatment Level 3: 9 youth);<br/> CTS Ponce, PUERTAS; 3 youth).</p> <p>Monitor's consultants are continuing to work with the parties to identify necessary compliance documentation expectations.</p> |

| Provision  | P | S | R | T | D | G | Comment   |
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| <b>Mental Health and Substance Abuse Treatment</b>   |   |   |   |   |   |   |   |
| <p><b>S.A. 59.</b> Defendants, specifically the Department of Health (ASSMCA), shall provide an individualized treatment and rehabilitation plan, including services provided by AIJ psychiatrists, psychologists, and social workers, for each juvenile with a substance abuse problem.</p>   | # | N | N | # | # | N | <p>Effective March 31<sup>st</sup> 2017 all contracted mental health providers (Psychiatrists, Psychologists and Substance Abuse Counselors) were terminated and mental health services were contracted out to a for profit company. The Monitor's Mental Health Consultant was informed by DCR's mental health provider who was alarmed at the short notice and a seeming lack of transition for the youth (reported to be just 4 weeks notice). On March 14, 2017 the Monitor's Mental Health Consultant contacted DCR officials to inquire and receive information.</p> <p>A transition plan was requested by the Monitor's Mental Health Consultant via almost daily emails since the 14<sup>th</sup> of March 2017. Significant gaps in mental health services exists. Please refer to Monitor's Mental Health Consultant's report, which summarizes concerns, relevant information and recent (April 2017) site visits.</p> <p>NIJ was not meeting generally accepted standards, as required by Consent Order paragraph 59, because of the absence of the psychiatrist and occupational therapist, and the insufficient psychologist hours. Mental health treatment, rehabilitation plan, including services provided by AIJ psychiatrists, psychologists and social workers for each juvenile with a substance abuse problem was not being provided by generally acceptable standards.</p> |
| <p><b>C.O. 29:</b> Defendants shall maintain an adequate 48 bed residential mental health treatment program which provides services in accordance with accepted professional standards, for juveniles confined in the facilities in this case in need of such services as determined by a qualified child and adolescent psychiatrist as part of a qualified interdisciplinary mental health team.</p> | # | N | N | N | N | N | <p>As mentioned previously it is the understanding of the Monitor's Mental Health Consultant that the 48 bed residential mental health treatment program provision was originally developed, and then reaffirmed by joint stipulation of the parties in 2007, when the overall DCR youth census was substantially higher. The Monitor's Mental Health Consultant recommends a review of this provision for possible revision (i.e. decrease from the 48 bed requirement) given the significant decrease in census (less than 250).</p> <p>It appears that a new contract with a for-profit company requires a new system of referral, inconsistent with previous DCR approved policies and procedures.</p> <p>New staffing would require training in policies and procedures.</p>   |



| Provision   | P                 | S            | R            | T            | D            | G            | Comment   |
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| <del>C.O. 34. Within 160 days of the filing of this Consent Decree, Defendants shall train all staff whose responsibilities include supervision of the juveniles regarding the effective recognition of suicidal and/or self-mutilating behaviors.</del>  | <del>Y</del><br>- | <del>Y</del> | <del>Y</del> | <del>Y</del> | <del>Y</del> | <del>Y</del> | This provision was terminated by the Court on March 30, 2017.   |
| C.O. 36. Within 120 days of the filing of this consent Order, Defendant Juvenile Institutions Administration shall provide continuous psychiatric and psychology service to juveniles in need of such services in the facilities in this case either by employing or contracting with sufficient numbers of adequately trained psychologists or psychiatrists, or by contracting with private entities for provision of such services. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum, a thorough psychiatric evaluation. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum diagnostic tests before prescription of behavior-modifying medications.  | N                 | N            | N            | N            | #            | #            | As stated above, significant gaps exist in Mental Health Services including Psychiatric services. During the April 2017 site visit for this quarter, it was reported that staffing hours have been cut. As per previous quarterly report, there are insufficient hours to allow for mental health staff to attend multidisciplinary case conferences, treatment reviews, committees where decisions are made (i.e. regarding entrance to PUERTAS) and important school meetings where special education services are discussed.<br><br>Please see previous quarterly report where the Monitor's Mental Health Consultant implored that all mental health, substance abuse and social work staff be retained and that there is consideration for increasing Psychiatric coverage especially for CTS Ponce where the PUERTAS program is located.<br><br>Unfortunately, a psychiatrist did resign leaving a gap in service hours. In addition, the hours for the only psychiatrist remaining have been significantly reduced as of April 2017. |
| S.A. 63. For each juvenile who expresses suicidal or self-mutilating ideation or intent while incarcerated, staff shall immediately inform a member of the health care staff. Health care staff shall immediately complete a mental health screening to include suicide or self-mutilation ideation for the juvenile. For each juvenile for whom the screening indicates active suicidal or self-mutilating intent, a psychiatrist shall immediately examine the juvenile. The juvenile, if ever isolated, shall be under constant watch. Defendants shall develop written policies and procedures to reduce the risk of suicidal behavior by providing screening for all juveniles at all points of entry or re-entry to AIJ's facilities and/or programs and by providing mechanisms for the assessment, monitoring, intervention and referral of juveniles who have been identified as representing a potential risk of severe harm to themselves. Treatment will be provided consistent with accepted professional standards. | #                 | N            | N            | #            | #            | #            | See above and Monitor's Mental Health Consultant's report.  |

| Provision  | P | S | R | T | D | G | Comment   |
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| <p><b>S.A. 72.</b> All juveniles receiving emergency psychotropic medication shall be seen at least once during each of the next three shifts by a nurse and within twenty-four (24) hours by a physician to reassess their mental status and medication side effects. Nurses and doctors shall document their findings regarding adverse side effects in the juvenile's medical record. If the juvenile's condition is deteriorating, a psychiatrist shall be immediately notified.</p>   | # | N | N | # | N | N | See above regarding decrease in psychiatric hours.  |
| <p><b>S.A. 73.</b> Defendants, specifically AIJ, shall design a program that promotes behavior modification by emphasizing positive reinforcement techniques. Defendants, specifically AIJ, shall provide all juveniles with an individualized treatment plan identifying each juvenile's problems, including medical needs, and establishing individual therapeutic goals for the juvenile and providing for group and/or individual counseling addressing the problems identified. Defendants, specifically AIJ, shall implement all individualized treatment plans.</p> | Y | Y | Y | Y | # | N | The overall rating is not being determined to be in full compliance as a determination needs to be made regarding youth in detention vs. custody and the interpretation of this into the existing policies and procedures. Policies, staffing numbers and resources are adequate to comply with this provision. |

| Provision   | P | S | R | T | D | G | Comment   |
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| <b>Discipline</b>   |   |   |   |   |   |   |   |
| <p><del>S.A. 74. Defendants shall specify the rules of the facilities with a complete list of possible punishments for violations of such rules in the handbook described in ¶ 47 above. Written notice of any rule violation, a hearing before a facility staff person not involved in the investigation of the violation, and an appeal to the facility director shall be provided to a juvenile prior to any punishment being imposed, except that Defendants may administratively segregate a juvenile in emergency or life threatening situations. In the event of an emergency, when circumstances make it inappropriate to hold a hearing prior to segregation, a hearing shall take place within forty eight (48) hours from the time of segregation.</del></p> | Y | Y | I | Y | Y | Y | <p>This provision was terminated by the Court on December 10, 2014 after the parties filed a joint motion to terminate this provision on July 11, 2014.</p> |

| Provision  | P | S | R | T | D | G | Comment  |
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| <p><b>S.A. 77.</b> In no event is physical force justifiable as punishment on any juvenile. The use of physical force by staff, including the use of restraints, shall be limited to instances of justifiable self-defense, protection of self and others, to maintain or regain control of an area of the facility, including the justifiable protection of significant property from damage; and prevention of escapes; and then only when other less severe alternatives are insufficient. A written report is prepared following all uses of force and is submitted to administrative staff for review. When force, including restraint, is used to protect a youth from self, this must be immediately referred to the medical area for medical and mental health evaluation and any necessary treatment.</p> | N | N | I | # | N | N | <p>The overall volume of use of force incidents remained low compared to the 4th Quarter 2016: 19 use of force incidents involving 32 youth this quarter compared with 25 incidents involving 32 youth in Q-4. Incidents occurred as follows: Bayamon (2); Humacao (4); Villalba (3); Ponce (10). However, once again, a very high percentage of all incidents (6 of 19, or 31%) involved the same troubled youth (J.S.O) at Ponce. In this 1st quarter, OC was used only three times system wide-- in 2 of four incidents at Humacao and in one of the three incidents at Villalba, where it was used against three of seven youth in one incident.</p> <p>During site visits in February 2017, the Monitor's consultant reviewed the incident report packages (including Cernimiento review forms and all incident reports) and each of four quarter-to-date incident videos at Ponce. Review of reports and videos at Ponce revealed staff using force pursuant to this provision, including calling for assistance before using force, involving health personnel when convincing a resistant youth to don a gown for suicide watch rather than immediately compelling him to change. In another incident, an officer shielded one youth from an aggressor with a sharp object. There are instances in which staff employ de-escalation tools and use force reasonably and appropriately consistent, with the terms of this provision (according to videos (Ponce only) and incident reports reviewed. It appears that staff consistently file incident reports and those are routinely completed thoroughly, including documenting when alternatives to force were employed, the specific reasons force was used, as required by this provision. In addition, the Cernimiento review process routinely reviews incident reports and makes referrals for administrative investigations and there were at least six instances this quarter in which referrals were made for mistreatment allegations related to excessive or unnecessary force. Revised policies and procedures, current training materials and evidence of training completion are the first steps toward DCR demonstrating compliance with this provision.</p> <p>The Monitor has not received any completed OISC investigations for use of force related allegations in 2017. We have contacted DCR to request same and will be able to better discuss individual cases for which allegations have been made by the time of the next Quarterly Report.</p> <p style="text-align: right;"><i>Compliance Ratings, First Quarter 2017, January-March, Page 16</i></p> |

| Provision   | P | S | R | T | D | G | Comment   |
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| <b>Abuse and Maltreatment Investigation and Management</b>  |   |   |   |   |   |   |   |
| <p><b>S.A. 78.a</b> Defendants shall take prompt administrative action in response to allegations of abuse and mistreatment, including steps to protect and treat the victim, steps to preserve evidence and initiate investigation, steps to isolate, separate, and sanction youth and/or staff involved in misconduct or criminal conduct. Defendants' policies, procedures, and practices shall clearly define all incidents that must be reported, to include, at a minimum, allegations of: abuse, mistreatment, neglect, and excessive use of force, inappropriate use of restraints, sexual misconduct, and assaults. Defendants shall provide for confidential means of reporting suspected abuse and mistreatment, without fear of retaliation for making such report.</p> | Y | N | N | # | N | N | <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. Policies have been updated to comply with this provision.</p> <p>Evidence was preserved in 100% of applicable cases sampled. (Case Assessment A.4)<br/>Suspected youth were separated from their victim(s) in 100% of the cases assessed. (Case Assessment A.8) Additional information about compliance can be found in the case assessment tables in the main report.</p> |

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| <p><b>S.A. 78.c</b> Within 24 hours of knowledge of a potential abuse incident, the report shall be transmitted to the Commonwealth Police for investigation, the Department of Family Services for statistical reporting, the Department of Corrections, and the AIJ administration. For serious incidents involving allegations of: abuse; neglect; excessive use of force; death; mistreatment; staff-on-juvenile assaults; injury requiring treatment by a licensed medical practitioner; sexual misconduct; exploitation of a juvenile's property; and commission of a felony by a staff person or juvenile, the AIJ administration shall also notify SAISC within 24 hours of knowledge of the potential incident, and 1 hour for any juvenile death, and SAISC shall conduct an administrative investigation.</p> | Y | Y | Y | # | N | N | <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>The timeliness of initial reporting to PRPD by AIJ, based on AIJ records assessed in the case assessment process (Case Assessment B.1) , is 100%</p> <p>The Commonwealth Police do not fully respond to the Monitor's information requests for case analysis information. There are reports provided for about half of the cases, and much information is missing.</p> <p>Cases were promptly referred to OISC in 100% of sampled cases based on OISC records. (Case Assessment D.1)</p> <p>The conduct and completion of the investigations is assessed in P78.e below.</p> |

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| <p><b>S.A.78.d</b> Within 24 hours, AIJ shall prepare and forward a copy of each incident report together with the AIJ preliminary investigation to the Police Department, the Department of Family Services, the Department of Corrections, and the AIJ Administration. Every 30 calendar days, AIJ, SAISC and the Commonwealth Police shall report to the Defendant Department of Justice and AIJ the status of each investigation including final determinations and associated administrative and criminal actions. Defendants shall implement appropriate policies, procedures, and practices to ensure that incidents are promptly, thoroughly, and objectively investigated. AIJ, SAISC, and Defendant Department of Justice shall consult throughout an investigation. If Defendant Department of Justice indicates an intent to proceed criminally, any compelled interview of the subject staff shall be delayed until Defendant Department of Justice concludes the criminal investigation, but all other aspects of the investigation shall proceed. Defendant Department of Justice shall review and investigate allegations of serious incidents following a preliminary investigation by the Puerto Rico Police Department.</p> | N | # | # | # | N | N | <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>Indicators of compliance with the provision include measures within the Abuse Referrals Tracking Report and the Case Assessment Table, both in appendices in the main report. These indicators are showing consistent improvement.</p> <p>The Monitor’s Office has not recently reviewed compliance with the interview compulsion provision.</p> |
| <p><b>S.A. 78.e</b> Administrative investigations of serious incidents shall be conducted by SAISC and completed within 30 days of SAISC’s receipt of the referral. Administrative investigation of incidents classified as less serious may be conducted internally by appropriate facility staff and shall be completed within 20 days of witnessing or discovering an incident.</p>   | Y | # | # | # | N | N | <p>For the most recent quarter, 100% of OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5)</p> <p>100% of Level One case investigations were completed within 20 days at the facilities. (Abuse Tracking Statistics D.3)</p>  |

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| <p><b>S.A. 78.f</b> Defendants shall implement investigation standards in conformance with applicable law, including, at a minimum: photographing visible injuries; preserving and analyzing evidence; conducting separate, face-to-face, private interviews of the alleged victim, perpetrator, and all possible witnesses, with a record of the questions and answers. Whenever there is reason to believe that a juvenile may have been subjected to physical sexual abuse, the juvenile shall be examined promptly by outside health care personnel with special training and experience in conducting such assessments.</p> | N | N | Y | N | N | N | <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>There is an internal process to review investigation quality. No formally-adopted standards have been submitted to the Monitor’s Office. Training may be insufficient if the policies are not in place which would be the topic of the training.</p> <p>DCR has recently adopted a very structured investigation report template for use of force cases addressing standards set forth in this provision and in others. It is considering revising and adapting the template for non-use of force investigations. The Monitor supports this concept.</p>            |
| <p><b>S.A. 78.g</b> Every administrative investigation shall result in a written report explicitly providing: a description of the alleged incident, including all involved persons and witnesses and their role; a description and assessment of all relevant evidence; and proposed findings. Defendants shall ensure that there are sufficient numbers of demonstrably competent staff to timely complete competent and thorough administrative investigations. Responsibilities of investigators shall be clearly designated.</p>  | N | N | Y | # | N | N | <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>For the most recent quarter, all OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5)</p> <p>There is an internal process to review investigation quality and the Monitor and Deputy Monitor are reviewing the instrument that was developed and is used. No formally-adopted standards have been submitted to the Monitor’s Office. Training may be insufficient if the policies are not in place which would be the topic of the training.</p> <p>OISC cases have been identified that do not contain “proposed findings.”</p> |



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| <p><b>S.A. 78.h</b> AIJ shall conduct case management, for tracking which includes identification of findings and outcomes and dates of stages of case processing, and for oversight of further administrative actions including analysis to identify and implement corrective actions designed to avoid recurrence of incidents. At the conclusion of an administrative investigation, SAISC shall provide copies of the investigation report to AIJ and Defendant Department of Justice. AIJ's quality assurance personnel shall analyze the report and, as appropriate, identify corrective action to address operational, systemic, or other problems identified in the report and ensure that such action is taken.</p>  | Y | Y | Y | # | N | N | <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>The rating for Staffing and Policy Compliance is "Y" because staffing and policy is sufficient for the Commonwealth to produce this report. The Monitor believes that the remaining area where additional monitoring and documentation is needed is the quality assurance assessment described in the third sentence.</p> |
| <p><del><b>S.A. 78.i</b> Any employee, staff member or contractor who is criminally charged for offenses involving the abuse or mistreatment of juveniles, excessive force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending. Defendants may take additional administrative actions as they deem appropriate.</del></p>  | Y | Y | Y | Y | Y | Y | <p>This provision was terminated by the Court on March 30, 2017.</p>  |
| <p><del><b>Separation Order, of December 4, 2006:</b> Any employee, staff member, or contractor who is criminally charged in the future for offenses involving the abuse or mistreatment of juveniles, excessive use of force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including the removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending.</del></p> <p><del>For any criminal proceeding that is filed in the future, the same information shall be provided to the Monitor and the United States within fifteen (15) days after its filing.</del></p> <p><del>The order also required two reports to be filed by December 19, 2006. These were filed at the time.</del></p> | Y | Y | Y | Y | Y | Y | <p>This provision was terminated by the Court on March 30, 2017.</p>  |

| Provision  | P | S | R | T | D | G | Comment   |
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| <b>Protection and Isolation</b>  |   |   |   |   |   |   |   |
| <p><b>S.A. 79.</b> Juveniles shall be placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others and only after less restrictive methods of restraint have failed. Isolation cells shall be suicide resistant. Isolation may be imposed only with the approval of the facility director or acting facility director. Any juvenile placed in isolation shall be afforded living conditions approximating those available to the general juvenile population. Except as provided in ¶ 91 of this agreement, juveniles in isolation shall be visually checked by staff at least every fifteen (15) minutes and the exact time of the check must be recorded each time. Juveniles in isolation shall be seen by a masters level social worker within three (3) hours of being placed in isolation. Juveniles in isolation shall be seen by a psychologist within eight (8) hours of being placed in isolation and every twenty-four (24) hours thereafter to assess the further need of isolation. Juveniles in isolation shall be seen by his/her case manager as soon as possible and at least once every twenty-four (24) hours thereafter. A log shall be kept which contains daily entries on each juvenile in isolation, including the date and time of placement in isolation, who authorized the isolation, the name of the person(s) visiting the juvenile, the frequency of the checks by all staff, the juvenile's behavior at the time of the check, the person authorizing the release from isolation, and the time and date of the release. Juveniles shall be released from isolation as soon as the juvenile no longer poses a serious and immediate danger to himself or others.</p> | N | Y | # | # | Y | N | <p>There are currently very few youth designated as TM and, as a result, there are very few youth potentially subject to room confinement pursuant to this provision. In December 2016, DCR terminated the Humacao TM pilot program and simultaneously discontinued the TM status of the approximately 12 youths who had been designated as such and were in the Pilot. Since January, the number of TM designated youth has decreased to 0-2 at Humacao, with one or two more at Ponce (there were two TMs at Ponce only as of the end of this quarter).</p> <p>According to the site visit file reviews summarized in this Quarterly Report, for those few youth who would be considered within the coverage of this provision, there are significant elements of the provision that are satisfied, e.g., living conditions same as general population; 15 minute checks logged; youth evaluated first for alternative methods initially and in weekly treatment team meetings; logging of all the required information listed in the provision, etc. All youth are receiving substantial recreation time out of their rooms and eligible youth are receiving daily education of 1 hour 20 minutes to several hours. Although there are case manager and Mental Health staff visits occurring regularly during the course of TM confinement periods, the required documented of initial and ongoing assessments by <i>required credentialed</i> health personnel does not appear to occur within the time metrics as stated by the provision.</p> <p>While the above discussion does address several of the criteria for isolation set forth in this provision, and the case studies we present do the same, we will consider how to evaluate cases against all the required criteria in the next Quarterly Report.</p> |

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| <p><b>S.A. 80.</b> The terms of this agreement relating to safety, crowding, health, hygiene, food, education, recreation and access to courts shall not be revoked or limited for any juvenile in protective custody.</p> | N | Y | # | N | # | N | <p>System wide, the number of youth classified as protective custody remained very low, i.e., only one to five youths at any given time during the quarter.</p> <p>Record reviews were conducted for five youths, each of whom were court ordered to this status. Reviews included logs of activities and services provided, out of room opportunities and other conditions of confinement to assess the degree to which PC status youth are receiving services comparable to all other youth. Summary tables for these five reviews are included in an attachment to the General Report.</p> <p>Based on interviews with youth and staff, limits on the quantity of education services remains the primary area of deficit. DCR Policies 17.19 (PC) currently establish 20 minutes per subject as the standard for education for these youth and while this amount of one-on-one education <i>may</i> be the equivalent of that offered to other youth in classroom settings, this equivalence is not authorized in the Settlement Agreement and has not been formally accepted by the parties.</p> <p>Review of protective custody files and individual logs, observations of operations and interviews with youth and staff allow us to conclude that youth on protective custody status are receiving the same access and are subjected to the same conditions as other youths concerning safety, crowding, health, hygiene, food, recreation and access to courts.</p> |

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| <b>Education and Vocational Services</b>   |   |   |   |   |   |   |   |
| <p><b>S.A. 81.</b> Defendants, specifically the Department of Education, shall provide academic and/or vocational education services to all juveniles confined in any facility for two weeks or more, equivalent to the number of hours the juveniles would have received within the public education system. Specifically, this education shall be provided 5 (five) days per week, 6 (six) hours per day, 10 (ten) months per year. AIJ shall provide adequate instructional materials and space for educational services. Defendants shall employ an adequate number of qualified and experienced teachers to provide these services.</p> | # | N | N | I | N | N | <p>Although the opening of the 2016-2017 school year was delayed and the number of teacher vacancies required a modified schedule in each of the institutions, conditions improved significantly during the second semester of the year. There were 2 vacancies in CTS Villalba and 1 in CD Bayamon.</p> <p>Vocational opportunities are available in the CTS institutions for all students but there continues to be a deficiency in the CD institutions. DCR revised the vocational programs during the previous school year, adding a civics/ethics course for the Bayamon and Villalba detention students since the agency believes it is a valid substitution for traditional vocational education. The Monitor's educational consultant maintains that in both locations civics/ethics cannot replace traditional vocational education.</p> <p>Adult education is not considered adequate for the educational needs of the DCA youth.</p> |
| <p><b>S.A. 86a.</b> Defendants, specifically the Department of Education, shall abide by all mandatory requirements and time frames set forth under the Individuals with Disabilities Education Act, 20 USC §§ 1401 <u>et seq.</u> Defendants shall screen juveniles for physical and learning disabilities.</p>   | # | Y | Y | I | N | N | <p>The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.</p> <p>Compliance with 86a requires compliance with 86b.</p>  |
| <p><b>S.A. 86b.</b> The screening shall include questions about whether the juvenile has been previously identified by the public school system as having an educational disability, previous educational history, and a sufficient medical review to determine whether certain educational disabilities are present, such as hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, mental retardation, or serious emotional disturbances adversely affecting educational performance.</p>   | # | Y | Y | I | N | N | <p>Special education files list various instruments employed to determine the needs of the student. There is little evidence that the areas identified here are addressed initially and subsequently re-evaluated in annual reviews.</p> <p>The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.</p> <p>Compliance with 86b requires compliance with 86a.</p>   |

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| <p><b>S.A. 87.</b> If a juvenile has been previously identified as having an educational disability, Defendants shall immediately request that the appropriate school district provide a copy of the juvenile's individualized education plan ("IEP"). Defendants shall assess the adequacy of the juvenile's IEP and either implement it as written if it is an adequate plan or, if the IEP is inadequate, rewrite the plan to make it adequate, and then implement the revised IEP.</p>             | # | Y | Y | I | N | N | <p>Compliance with the first part of the stipulation remains high in that the agency institutions request IEPs and special education files from the community public schools. The request is frequently ignored or results in late delivery preventing compliance with the second part requiring assessment of the documents' adequacy. This is particularly the case in the detention institutions. DCR's response to this issue is that they have no authority over the community schools and that is a concern of the Department of Education for the Commonwealth.</p> <p>The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.</p>  |
| <p><b>S.A. 90.</b> Defendants shall provide appropriate services for juveniles eligible for special education and related services. Defendants shall provide each such juvenile with educational instruction specially designed to meet the unique needs of the juvenile, supported by such services as are necessary to permit the juvenile to benefit from the instruction. Defendants shall coordinate such individualized educational services with regular education programs and activities.</p> | # | Y | Y | I | N | N | <p>Since all special education students are mainstreamed with those not certified, they receive the equivalent adult education as the others except for those in protective custody or in transition. The monitor's consultant does not acknowledge adult education as delivered in the institutions adequate to the needs of the DCR youth. See note to S.A. 81 as to the appropriateness of adult education. See note to S.A. 94 about protective custody and transitional compliance. See note to S.A. 87 about the development of a mental health/special education assessment.</p> <p>There are no educational services offered to special education or other students who have completed the 4<sup>th</sup> year, as DCR does not consider them part of the agreement. The DCR education director agreed that this policy should be re-examined and indicated he would prepare some recommendation for 4<sup>th</sup> year completers in the next quarter. He noted that some participate in vocational shops with instructor permission and some others could be eligible now that the Creando Program has returned.</p> |

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| <p><b>S.A. 91.</b> Qualified professionals shall develop and implement an IEP reasonably calculated to provide educational benefits for every juvenile identified as having a disability. When appropriate, the IEP shall include a vocational component.</p> | # | Y | Y | I | N | N | <p>Certified special education teachers provide education services to youth. Vocational opportunities are available in each institution with the exception noted above where a civics/ethics course was substituted for tradition career and technical education courses. The monitor’s educational consultant maintains that in both locations civics/ethics cannot be reasonably be considered vocational education.</p> <p>There continues to be a system wide gap in communication between education and mental health staff. Prescriptions written into the IEP fall into a “one size fits all” admittedly written by educators with scant consultation with mental health staff. During this quarter as in past ones, mental health personnel rarely participate in the COMPU which prepares and recommends implementation of the IEP.</p> <p>A recent announcement revealed that the agency will terminate contracts with current mental health staff and replace them with a private sector entity. Institutional staff and DCR officials could not determine how the plan would affect special education students but assurances were offered that all of their needs will be satisfied once the new entity contract is finalized and implemented.</p> <p>See note in reference to related services such as mental health and substance abuse in SA 87.</p> |
| <p><b>S.A. 93.</b> Services provided pursuant to IEPs shall be provided year round. Defendants shall ensure that juveniles with educational disabilities receive a full day of instruction five (5) days a week.</p>  | # | N | N | I | N | N | <p>Students eligible for special education services did not receive services from the end of May to the beginning of August. Nevertheless, as part of the June 2016 camping program, credit-bearing courses were offered in science and English. Contingent upon funding, and DCR intends to continue credit-bearing opportunities into the next summer program. Although this does extend the school year for some, DCR does not believe there are students who meet the prerequisites for year round education; the monitor’s office disagrees that there are no such students.</p> <p>The Monitor and consultants are working with DCR officials to develop an instrument for periodic case reviews to more fully document the level of compliance with this provision.</p>   |

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| <p><b>S.A. 94.</b> Juveniles shall not be excluded from services to be provided pursuant to IEPs based on a propensity for violence or self-inflicted harm or based on vulnerability. Juveniles in isolation or other disciplinary settings have a right to special education. If required for institutional security, services provided pursuant to IEPs may be provided in settings other than a classroom.</p> | # | N | N | I | N | N | <p>A recent review of services provided for youth in transition or protective custody, showed that youth are not receiving services comparable to youth who are not in isolation. (See also comments for S.A. 90 and SA 80).</p>   |
| <p><b>S.A. 95.</b> When an IEP is ineffective, Defendants shall timely modify the IEP.</p>  | # | Y | Y | I | N | N | <p>All special education positions were filled during the 2016-2017 school year. The modified school program this school year negatively affects all students, including those in special education.</p> <p>A systematic assessment has not yet been completed by the Commonwealth and provided to the Monitor's Office for review.</p>  |
| <b>Funding and Implementation</b>   |   |   |   |   |   |   |  |
| <p><b>C.O. 43</b> Until this order is fully implemented, Defendants shall submit to the Legislature of the Commonwealth each fiscal year a report wherein the required sums of money will be established so as to implement this Consent order.</p>   | I | I | N | I | N | N | <p>The Commonwealth legal position is that the required report is the agency budget request. The budget request is not routinely provided to the Monitor or the United States.</p> <p>It is also not established that the budget identifies the "required sums of money" to "implement the order."</p> <p>The budget has been, in fact, insufficient to implement the requirements of the decree. There are many provisions in non-compliance with category "R" specified as one of the factors. These are provisions where lack of resources is a factor in non-compliance.</p> <p>Monitor's consultants are prepared to work with parties to identify necessary compliance documentation expectations for a Roadmap.</p> |